



PATHWAYS

SPECIALTY CLINIC

2219 Sawdust Rd #1004, The Woodlands TX 77380

PRACTICE OF CONTROLLED SUBSTANCES PRESCRIBING AND AGREEMENT

Controlled medications (such as, Benzodiazepines, Stimulants) have a high potential for misuse and are, therefore, closely regulated by local, state, and federal governments. Pathways Specialty Clinic providers adhere to strict regulations in prescribing controlled medications for the safety of their patients.

All patients at Pathways Specialty Clinic must agree & adhere to follow the policies outlined in this agreement as a condition of the provision of controlled substance medications by providers.

- I understand that consumption of controlled substances is associated with risks including, but not limited to, psychological addiction, physical dependence, withdrawal, and risk of overdose
- I agree to take the prescribed medication as instructed. Taking my medication more than as directed, sporadically taking the medications or abruptly stopping my medications can result in adverse health outcomes.
- I will never alter the date, quantity, and/or strength of my prescriptions or labels. I do understand that forging prescriptions and/or my clinician's signature violates state and federal laws and it's a criminal offense.
- I will not break, chew, crush, inject, or snort my medications.
- I agree to keep my controlled medications in a secure and safe location. I will not sell my medication or share it with others, or in any other manner enables other individuals to possess or use my prescribed medications.

- I understand that absolutely NO premature refills will be granted regardless of the circumstances (i.e., stolen, misplaced, mislaid, exceeding prescribed dosages, losing a handwritten prescription prior to filling, etc.) I must wait until the next eligible fill date to receive another prescription.
- I may be discharged from the clinic if I request an early refill secondary to lost, damaged, or stolen prescriptions twice within one year.
- I understand that my clinician follows state and federal recommendations regarding the use of urine toxicology screens to monitor controlled substances use. I agree to cooperate with urine toxicology screenings, which will be ordered by my clinician prior to prescribing a controlled substance and randomly during the course of my treatment.
- Any charges associated with the toxicology screens will be my responsibility if they are not covered by my insurance carrier.
- Refusal to consent to toxicology screens, the presence of nonprescribed or illicit substances in my sample, or the absence of prescribed medications in my sample will result in discontinuation of controlled substances and may result in termination of care.
- In the event of inconsistent results, my clinician may contact me to present to the office for a follow-up test; if I fail to present within 24 hours of receiving this phone call my controlled substance prescriptions will be terminated. I must keep my contact information current so my clinician may reach me, as any missed tests will be considered to be a violation of this agreement.
- I will not obtain controlled substance prescriptions from multiple providers. If I receive other controlled substance prescriptions from any source other than Pathways Specialty Clinic Provider, without notifying my provider, I will be discharged from the clinic.
- I consent my provider to utilize the following resources to obtain a history of my prescribed medications: requesting information from my past/current treating physician, requesting information from my current or previous pharmacy, and conducting searches through Texas Prescription Monitoring Program. Texas PMP reports can be a part of my medical record.

- Refills are exclusively provided as determined by my prescriber, will only be granted if I keep my scheduled appointments, and will not be granted outside of regular business hours.

- I will inform my clinician of any current or past substance abuse. I am aware that attempting to obtain a controlled substance under false pretenses is illegal.

- I agree not to use alcohol or any illegal substances (including, but not limited to, marijuana, heroin, cocaine, and amphetamines) while I'm prescribed controlled medications.

- I understand that driving or operating machines while under the influence of prescribed controlled medications, or any combination of substances which impairs my driving ability, may result in DUI charges and/or other legal charges.

- I understand that my provider is fully cooperates with local, state, and federal law enforcement agencies as well as the Drug Enforcement Agency (DEA) and the Department of Public Safety (DPS) in regards to infractions involving prescription medications. My pharmacy, local authorities, and the DEA will be notified if my treating clinician believes that I have violated the laws regarding controlled substance prescriptions in any manner.

- If the responsible legal authorities have questions concerning my treatment, as may occur, for example, if I obtain medication at several pharmacies, all confidentiality is waived and these authorities may be given full access to my full records of controlled substance administration.

Acknowledgement of Controlled Substances Agreement

I have read and understand the policies regarding controlled substance prescriptions. I voluntarily agree to the terms involved in the Controlled Substances Agreement. I understand that if any of the above policies are violated or I choose not to adhere to these policies, my care will be terminated from this clinic and will not receive any refills from the provider.

Patient Name: _____ Date: _____

I agree that my electronic signature on this application is binding and enforceable, as if I had signed a paper copy.