**NORTH CHATTAHOOCHEE FAMILY PHYSICIANS, LLC**

**CONTROLLED SUBSTANCE POLICY/AGREEMENT**

Please read carefully and sign at the bottom. A copy will be provided to you.

1. I agree to take controlled substance medication exactly as instructed. I am NOT allowed to change dosage amounts or alter the time schedule of taking the medication without first talking to my prescribing physician.
2. Controlled Substances WILL NOT be phoned in after business hours, weekends, or holidays. Keep in mind not every Controlled Substance medication can be called in to a pharmacy.
3. Only ONE pharmacy will be used to fill controlled substance prescriptions.
4. Patients are subject to do random Urine Drug Screening at any point if deemed by your Physician at patient’s expense.
5. The following are conditions for IMMEDIATE termination from the practice:

A. Obtaining controlled substances from ANY other physician while under our care without our knowledge.

B. Altering or forging of a prescription is a felony and will be reported.

1. We will NOT refill prescriptions that have been lost or misplaced. Please be responsible for keeping up with your prescription.
2. **Early refills will not be given. The patient is responsible for taking the medications as prescribed.**
3. Stolen medications will be replaced ONCE and ONLY if you have a valid police report.
4. I am aware that most of the manufacturers of controlled substances recommend, AGAINST the operation of heavy equipment, which includes driving a motor vehicle. I am aware that if I choose to drive a vehicle, I could be charged with a DUI or cause injury to myself or others.
5. If I do not come in every 90 days as advised, I will not receive my refills.
6. **I will NOT combine any controlled substances with the consumption of alcohol and/or illegal drugs.**
7. I will NOT give, trade, or sell controlled substances.
8. I will allow at least **24 hours** for prescription refills to be authorized. I also understand that requests received after **4:00 pm** are handled on the next business day.
9. The prescribing physician has permission to discuss medication details with the dispensing pharmacy and/or other professionals who provide your healthcare.
10. If you are picking up prescriptions for Schedule II controlled substances without an office visit there is a **$5.00 charge** per prescription due at time of pick up. Prescriptions will not be mailed.

I have read and understand the above policy and agree to abide by its items.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_