



CONTROLLED SUBSTANCE INFORMED CONSENT AND THERAPY AGREEMENT ...continued...

- I agree to safeguard my medications so that they are protected from theft or loss. I agree that if my medications are stolen, I will contact the police to make a report and contact my prescribing provider immediately. I understand that medications that are lost or stolen will not be replaced unless I have had an appointment with my prescribing provider to discuss this issue. I agree to be particularly careful to safeguard my medication from children and young adults if they are ever present in my home.
- I agree to submit a urine specimen or have blood drawn at any time that my prescribing provider at Northeast Surgical Group requests and give my permission for it to be tested for alcohol and drugs.
- I agree to inform my prescribing provider of my complete and honest personal alcohol, drug and medication use and history.
- I agree that my physician / Northeast Surgical Group may discuss all diagnostic and treatment details with dispensing pharmacists or other health care professionals involved in my health care for my treatment and accountability purposes.
- I agree not to abruptly discontinue my controlled substance medications without informing by prescribing provider. I understand that doing so can lead to a withdrawal syndrome that may be particularly uncomfortable and in severe cases can lead to a life-threatening seizure.
- I understand that failure to adhere to this Agreement may result in cessation of therapy with controlled substance prescribing by my prescribing provider and that I may be terminated as a patient of Northeast Surgical Group. In addition, my treatment plan may be reassessed to maximize safety and effectiveness, including the possibility of changing, tapering, or discontinuing my medication or referral to a specialist.

By signing this Agreement I affirm that I have read, understand and accept all of the terms of this Agreement.

Patient Legal Name, PRINTED

Patient Date of Birth

Patient Signature: _____ / ____ / ____

Parent/Legal Guardian Signature: _____ / ____ / ____

Witness Signature: _____ / ____ / ____