



Agreement for Control Substance Treatment

This agreement has been developed in the interest of promoting optimal drug therapy while minimizing risks to the patient. Your compliance is appreciated

I, _____ agree that Dr. Diana Ghelber will be the only physician prescribing medication for **benzodiazepines or ADHD medication**

1. I understand the importance of taking the medication at the dose and frequency prescribed by my physician.
2. I will attend all reasonable appointments, treatments and consultations as requested by my physician.
3. Refills:
 - Controlled substance prescriptions are highly controlled and followed by the State of Texas. **Due to administrative requirements on issuing controlled substance prescriptions, a fee of 20 dollars will be implemented for requested between office visits.**
 - The medication will not be refilled after hours and on weekends. Check your medication regularly. Make sure that you have enough. Allow 72 hours for the refill to be processed. Please notice that our office is closed on Fridays and requests received Thursday after 4.00 pm may not be processed until Monday.
 - Be aware that stopping Benzodiazepines abruptly in certain doses, has been associated with risk of seizures. You will need to present to the Emergency Room to have the prescription renewed until our clinic is during regular business hours.
4. Benzodiazepines can not be prescribed with opiates due to risk of respiratory depression and death. Please update all your providers of any change in your medication.
5. You must agree that early refills will not be given. The prescribing physician may require random urine testing as a matter of routine monitoring.
6. I agree to be responsible for the secure storage of my medication at all times. I understand the importance of not informing others about my Benzodiazepines/stimulant therapy. I acknowledge that my physician is not obligated to replace any medication shortfall.
7. I agree that medications will not be replaced if they are lost, flushed down the toilet, destroyed, left on an airplane, etc. If your medication has been stolen, you will need to complete a police report regarding the theft and present that report to the prescribing physician.
8. I understand that if I break this agreement, my physician reserves the right to stop prescribing stimulant medications for me.

Date: _____

Signature – Patient