

Controlled Substance Prescription Management Agreement

I understand that the medication I am requesting to be prescribed is a highly addictive controlled substance and requires extra safety precautions including but not limited to the list outlined below:

1. I understand that CloseKnit will be the only designated provider prescribing and managing my medication, without exceptions. Colleagues covering the clinic are not expected to prescribe when the designated provider is unavailable.
2. I understand the importance of taking the medication exactly at the dose and frequency prescribed by my provider. I agree not to increase the dose or frequency of the medication without first discussing it with my provider.
3. As part of routine monitoring, my provider requires periodic urine drug testing.
4. I understand that Prescriptions will be written for no more than 30-day supply. Refills will require re-evaluation via telemedicine or in clinic visit. I agree to come into the office for an in-person visit at least once every 90 days.
5. I understand I am responsible for the secure storage of my medications at all times. I acknowledge that my provider will not replace any medication lost or misplaced (no early refills).
6. I consent to open communication between my provider and any other healthcare professionals involved in my care including but not limited to pharmacists and other physicians.
7. I understand that if I violate any clause of this agreement, my provider reserves the right to stop prescribing medications for me.

(Signature)

Date