

UW Medicine Controlled Substances Treatment Agreement

Controlled substances can be dangerous. If they are not used carefully, you can become addicted to them or overdose on them. An overdose can cause death. Because of these dangers, it is important for you to understand the rules for using these medicines. This document describes our policy for prescribing these medicines and what your role is to keep yourself safe and get the best results if you use controlled substances.

Check (✓) Box

- The risks, side effects, and benefits of my controlled substance medicines have been explained to me.
- I understand that the medicines must help me function better. If my activity level or general function get worse, my provider will change or stop the medicines.
- I understand medicines are only part of an effective treatment plan for me. I will also participate in other treatments that my provider recommends, such as behavioral health and physical therapy.
- I will take my controlled substance medicines only the way my provider told me to. I will not change how I take these medicines without first talking to my provider.
- I will keep my controlled substance medicines in a safe place AND away from children.
- I will get my controlled substance medicines only from my provider in _____ (clinic) and at _____ (pharmacy).
- I will tell other health care provider(s) I see that I am taking controlled substance medicines.
- I will not get controlled substances from other clinics or Emergency Rooms. If I get controlled substances from another provider for other reasons I will tell my provider here.
- I will make follow-up appointments as directed and will not miss appointments. I understand that prescription refills cannot be handled over the phone.
- I will not ask for extra or early refills if I run out early for any reason, or if my controlled substance medicines are lost or stolen.
- I will not abuse (drink too much) alcohol, use illegal drugs (cocaine, heroin, methamphetamines) or use any controlled substances my provider did not prescribe for me.
- I will not share, sell, or trade my controlled substance medicines with anyone.
- I will allow my urine or blood to be checked to see what drugs I am taking at any time.
- I agree to bring my medicines to clinic if my provider asks me to.
- I understand that if there is reason to believe I have engaged in illegal activity, my provider may notify the proper authorities.
- I agree that my provider may contact other health care providers or pharmacists involved in my care to discuss my progress and share information about this agreement.

I understand that if I do not follow the agreement above, I may no longer receive controlled substance medicines.

PATIENT SIGNATURE		PRINT NAME			DATE	
PROVIDER SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME	

PT.NO

NAME

DOB

UW Medicine

Harborview Medical Center – UW Medical Center
 Northwest Hospital & Medical Center – University of Washington Physicians
 Seattle, Washington

UW MEDICINE CONTROLLED SUBSTANCES TREATMENT AGREEMENT



U2127

WHITE - MEDICAL RECORD
 CANARY - PATIENT

UH2127 REV MAY 12