
Medication Management Agreement for Psychiatric Services

Psychiatric prescribers are specialists in different psychiatric disciplines. Psychiatric prescribers have a broad clinical experience in treating children, adolescents, adults and geriatric patients using psychotropic medication. Any psychiatric associates working with the Cognitive Behavior Institute are competent, licensed, experienced professionals including Physician Assistants and Nurse Practitioners.

To provide the best quality psychiatric care to our consumers, there will be an agreement between the consumers and the Psychiatrist/Psychiatric Prescribers regarding controlled substances.

By reviewing this document and signing the accompanying informed consent, the patient asserts that all the following statements are true:

- I understand that the main treatment goal in prescribing controlled substances is to improve my ability to function and/or work. In consideration of these goals, I agree to help myself by following better health habits including but not limited to exercise, eating healthy and avoiding the use of alcohol and tobacco.
- I understand that my insurance may require a pre-authorization for medication prescribed. CBI Staff and Psychiatrist/Psychiatric Prescribers will submit appropriate paperwork as required by my insurance for any pre-authorization. I understand that my insurance company may take between 24 hours and up to 14 days to approve a pre-authorization which could result in a delay of receiving my prescribed medication.
- I am responsible for my controlled substance medication. If the prescription medication is lost, misplaced, stolen or if I need it refilled sooner than prescribed, I understand it will NEVER be replaced.
- I will not request or accept the same class of medication from any other physician/prescriber while I am receiving medication from this office.
- Refills of medications will only occur at scheduled medication management appointments. Refills will not occur over the phone unless otherwise arranged with your prescriber.
- Refills will not be authorized early because of vacations or personal plans.
- I am responsible for taking my medication at the dose and time prescribed.
- I will not share, trade, or sell my medications. I understand that doing so will result in my immediate discharge from this office.
- I will disclose fully to the best of my knowledge all other medications I am taking, including methadone.
- I agree to comply with random urine or blood testing.
- I understand that driving a motor vehicle may not be allowed at times while I am taking a controlled substance and it is my responsibility to comply with the laws of this state and in accordance with my prescriber.
- I understand that if any criminal charges for receiving, possession or selling of illegal substances and/or a controlled substance prescription will be reviewed by my prescriber and may result in my discharge.