

Prudent Telepsychiatry Care

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Benzodiazepine and Stimulant Agreement

**Benzodiazepine, Stimulant and Hypnotic Agreement for Prudent Telepsychiatry
Care**

Patient's Name:

Date of Birth-----

My provider may agree to prescribe a benzodiazepine (like Klonopin, Xanax or Ativan), stimulants and hypnotics to control the symptoms of my psychiatric illness (or manage a side effect from a primary medication) and to help me function better in my life.

I understand the following about benzodiazepine medications:

- If I use a Benzodiazepine daily, they will become less effective over time • This is a TEMPORARY treatment
- I could suffer withdrawal symptoms if I stop a benzodiazepine suddenly
- Benzodiazepine withdrawal can be deadly in some cases
- There is a risk of addiction with benzodiazepine use
- Benzodiazepines have multiple long-term side effects, including memory disturbance and increased risk for Alzheimer's Disease

These medications are often abused and are extremely dangerous when used improperly. For this reason, and others, I agree to the following rules regarding my use of medications:

- I will take medications at the dose prescribed by my provider
- I will take medications at the frequency prescribed by my provider
- I will not change how I take these medications without the prior approval of my provider
- I will not request early refills
- Lost or stolen medications will not be replaced; I am responsible for my

medications

- I will arrange for refills at the prescribed interval only during clinical hours
- All prescriptions will be written, at maximum, on a 28-day schedule unless otherwise noted

- I will not request these types of medications from ANY other providers without the approval of my psych mental health provider
- I will keep my medication list updated and current with Prudent Telepsychiatry Care
- I will keep appointments with my psychiatric provider at Prudent Telepsychiatry Care
- I will not receive any controlled substance prescriptions, if I am currently prescribed any other controlled substances.
- I will not receive controlled substances if I have a previous substance abuse history.

- I am required to actively participate in the treatment plan as described by my provider, this could include groups and/or one on one therapy
- I agree that I will not use illicit marijuana, alcohol or other illicit substances while taking this medication

- I agree that I may be subject to random urine drug screens and pill counts
- I understand that if my urine drug screen indicates that I am not taking these medications my provider will stop these medications
- I understand that if my pill count suggests that I am taking the medication differently than prescribed my provider will stop these medications.

- I will not sell, trade or give my prescription medication to anyone.
- I will keep these medications away from children

- I understand that failure to comply with the above may cause my provider to STOP prescribing these medications
- I understand that if I do not show improvement in symptoms that my provider will stop prescribing these medications

- I understand that while being prescribed this medication, currently lab work and EKG may be requested
- I understand that my provider may stop these medications if I show significant side effects from these medications or demonstrate a problematic tolerance ➤
- If my provider stops prescribing me benzodiazepines, they will stop them in the safest manner possible
- I agree that my dose might NOT be increased and could be tapered then discontinued

I have read this agreement and agree to all terms as outlined above.

Patient/Guardian Signature-----

Relationship if signed other than patient-----

Date and Time: _____

Provider's Name and Signature:

Electronically signed by Felista Anugom DNP, PMHNP, FNP