

# Agreement for Prescription of a Controlled Substance

The following apply to prescriptions written for a controlled substance.

1. These medications are controlled substances and are tightly regulated by state and federal law with a high risk for abuse.
2. My ZOOM+Care Mental Health or Internal Medicine provider team will be the only clinicians prescribing this medication.
3. I will take this medication at the dose and frequency prescribed by my provider team. I agree not to increase the dose of the medication without first discussing it with my team.
4. My provider team may require random urine testing as a matter of routine monitoring.
5. Refills must be obtained at regularly scheduled visits per state and federal law. I am responsible for scheduling and attending these appointments so that I do not run out of medication beforehand.
6. I will be responsible for the secure storage of my medication at all times. I understand that if this medication is lost or stolen, it may not be replaced by my provider team.
7. It is a felony to obtain these medications by fraudulent means, to possess these medications without a legitimate prescription, and to give or sell these medications to others.
8. If I break this agreement, my clinician team reserves the right to stop prescribing controlled substances for me.

**Please sign below to acknowledge and agree to the statements above.**

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_