



# Best Practices Psychiatric & Mental Health PLLC.

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## Controlled Substance Contract

### Patient Responsibility:

- 1) I agree to take any Controlled Substances exactly as instructed. I am NOT allowed to change the dose or number of times per day that I take my medication without first talking to my Controlled Substances Provider. \_\_\_\_\_ (initial)
- 2) I agree to only take Controlled Substances prescribed by Salema Coaxum at Best Practices Psychiatric & Mental Health)\_\_\_\_\_(initial)
- 3) I will not take Controlled Substances written by another provider or specialist unless I have notified my provider prior to filling the prescription. \_\_\_\_\_(initial)
- 4) I agree to safekeeping my Controlled Substance prescriptions and medications. I understand that lost, misplaced, or stolen prescriptions or medications will not be replaced.\_\_\_\_\_(initial)
- 5) I will bring in all Controlled Substance medications in their original pill container for random pill counts within 24 hours of when requested\_\_\_\_\_(initial)
- 6) I will NOT combine any narcotic medication with consumption of alcohol. Any UDS that is positive for both Controlled Substances and alcohol will be considered a violation of this contract.\_\_\_\_\_(initial)
- 7) I will NOT combine any narcotic medication with illegal/street/recreational drugs. Any UDS that is positive for both prescribed Controlled Substances and illicit substances will be considered a violation of this contract.\_\_\_\_\_(initial)
- 8) I will be responsible for making and keeping appointments for Controlled Substance refills monthly. I understand that NO refills will be written outside of my appointment and I will NOT contact the office for refills of these medications. \_\_\_\_\_(initial)
- 9) I will be responsible for having a working phone number which the office will use to contact me about random UDS and pill counts. I understand that once notified by the office, either directly or by voicemail, I will have 24 hours to report, or inability to do so will result in a violation of this contract. \_\_\_\_\_(initial)
- 10) I understand that not all insurances cover the cost of Drug Screening and that I may be responsible for part or the entire bill. \_\_\_\_\_(initial)
- 11) I understand that I will not receive any Controlled Substances until my provider has been able to review my medical records. If I am a new patient, I understand that it is my responsibility to ensure my medical records have been obtained from my previous provider. \_\_\_\_\_(initial)
- 12) I will not lie or tell misleading information to my provider \_\_\_\_\_(initial)
- 13) I will not get angry or make threatening remarks in an attempt to get Controlled Substances \_\_\_\_\_(initial)

**Provider Responsibility:**

- 1) I will Provide the best evidence-based care for your condition based on the type of diagnosis you have \_\_\_\_\_(initial)
- 2) I will obtain a random drug screen at least once a year (may be from blood, urine, saliva based on provider discretion) \_\_\_\_\_(initial)
- 3) I will only refill controlled substances at your designated medication refill appointment \_\_\_\_\_(initial)
- 4) I will obtain at every appointment a report from the Drug Prescription Monitoring Program which shows all controlled substances you have been prescribed including:
  - a. Who wrote the script \_\_\_\_\_(initial)
  - b. Which pharmacy filled the script \_\_\_\_\_(initial)
  - c. What medication, dose and quantity were filled \_\_\_\_\_(initial)
- 5) I will assess the risk/benefit/safety of your medications including:
  - a. Side effects \_\_\_\_\_(initial)

**Consequences of NOT adhering to any part of this Contract:**

- 1) Our office/providers will no longer:
  - a. Prescribe any controlled substance for you. It will be at provider discretion to decide if a taper of medication will be given. \_\_\_\_\_(initial)
  - b. May stop providing psychiatric & mental health care for you \_\_\_\_\_(initial)
  - c. May refer you for drug abuse treatment \_\_\_\_\_(initial)

**Consequences of NOT signing this contract:**

- 1) We will not prescribe controlled substances for you. \_\_\_\_\_(initial)

Should you be discharged from our practice due to breakdown of provider/patient communication, your provider will provide 30 days of care from the date of discharge. This may not apply to Controlled Substances if the reason for discharge was a violation of this contract.

**SIGNATURES**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Salema Coaxum, DNP, APRN, PMHNP-BC

\_\_\_\_\_  
Date