

TREATMENT AGREEMENT FOR STIMULANT MEDICATIONS

Kaiser East Bay Adult Psychiatry Department

PATIENT NAME _____ DATE _____
MEDICAL RECORD NUMBER _____

Stimulant medications are federally controlled substances because they can be abused or lead to dependence or withdrawal. Our department provider would like to bring to your attention that the new Senate Bill, SB482, requires checking the national data base for other sources of prescriptions on a regular basis. It is the clinic policy to check a urine drug screen prior to starting medication for new patients or new prescriptions. We may also check urine drug screens on a random basis. It is the clinic policy to prescribe no more than a 3 month supply. Refills must be approved by the provider for each request. When you are 3 days away from being out, please call the pharmacy number on the prescription bottle or generate a request online via kp.org. Prescriptions for stimulants will only be released if you agree to this treatment contract. If you are in the office, it is expected that you sign the contract or if you are receiving this message via secure message (email), please respond with your agreement. If we proceed with stimulant treatment and no response is received within 30 days, it will be assumed that you accept the terms of the treatment agreement.

With consenting to start this medication, you are agreeing to the following:

- 1) Member will take the stimulant as prescribed and not change the dose without approval from the prescribing provider. Early refills will not be given unless for compelling reasons and no more than once a year. If there is a recurrent pattern of early refill requests, the prescriber may stop the stimulant.
- 2) Member will notify the provider if he or she is being prescribed other controlled substances (i.e. opioids, benzodiazepines, sedatives, etc.), including those prescribed by non-Kaiser providers. It will be up to the provider whether stimulants may be prescribed concurrently with these medications or the dose may be changed due to the risk of adverse side effects.
- 3) Lost or destroyed medication may be replaced only once. Provider may replace stolen medication if member can present a police report of the theft and this will only be done once. For any further losses, the stimulant may be tapered and discontinued.
- 4) Member will not use illegal drugs. In the event that illegal drug use is suspected, the provider will stop prescribing the medication.
- 5) Member consents to the cannabis policy.
- 6) Member consents to periodic random urine samples for drug testing. If the urine drug screen is not obtained in the time frame requested by the provider, the provider will stop prescribing the stimulant.
- 7) Member gives permission to the provider to coordinate care with the primary care physician and other specialists involved in his or her care
- 8) Member will not obtain stimulants from other sources. If there are multiple sources of stimulants, the provider will stop prescribing the stimulant.
- 9) Provider may choose to stop prescribing the stimulant if the member fails to follow the provider's advice, is having/at high risk for major side effects, fails to keep appointments, or if it is determined that the stimulant is no longer safe, helpful, or necessary.

PLEASE NOTE THAT THIS AGREEMENT WILL REMAIN IN EFFECT IF YOU TRANSFER TO A DIFFERENT PROVIDER IN THIS CLINIC.

I agree and understand all the above and provide my consent.

Patient Signature _____ DATE _____

Provider Signature _____ DATE _____