

CAREMEDICA PATIENT TREATMENT CONTRACT

PATIENT NAME: _____ DATE: _____

PROVIDER: _____ PHARMACY: _____

As a patient of CareMedica, when treated with controlled substances, I **freely and voluntarily agree to accept this treatment contract as follows:**

1. I agree to keep and be on time for all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the doctor's office.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office.
6. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any recourse for appeal.
7. I agree that my medication/prescription can only be given to me on my regular office visits. A missed visit may result in not being able to get my medication/prescription until the next scheduled visit.
8. I agree not to obtain medications from any other doctor, pharmacies, or other sources without telling my treating provider.
9. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.

10. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my provider.
11. I agree to accept generic brands of my prescription medications when determined appropriate by my physician.
12. I agreed that, if it appears to my physician that there are no demonstrable benefits to my daily function or quality of life from the controlled substance, I will gradually taper my medication as directed.
13. I agree to abstain from alcohol abuse and use of marijuana, cocaine, and other addictive substances.
14. I agree to provide urine samples and have my doctor test my blood levels whenever asked to do so.
15. I agree to notify the office immediately of any insurance policy change or the loss of medical insurance coverage. Failure to report change or loss of medical insurance could result in my treatment being terminated without any recourse for appeal.
16. I agree to come to all my recommended appointments. Failure to show up for a scheduled appointment will result in a \$50.00 charge and may result in my treatment being terminated without any recourse for appeal.
17. As a patient, I will be subjected to both scheduled and random urine drug tests. If these tests are not covered by my insurance, I will be responsible for at least a \$20.00 charge paid at the time of my visit.
18. I understand that the medication alone may not be sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my provider and specified in my treatment plan.
19. I agree to schedule all my appointments at least 2-3 business days prior to my last available dose.

I understand that violation of any and/or all the above may be grounds for immediate termination of treatment and, possibly, discharge from CareMedica.

Patient Signature _____ Date _____