



River Valley BHWC Medication Refill and Controlled Substance Agreement

Scheduling Appointments for Medications

River Valley Behavioral Health and Wellness Center, PLLC (River Valley BHWC) requires medication management visits on a regular basis for all patients who are prescribed medications. The frequency of your appointments will be determined by the nurse practitioner and based on the medication prescribed. The average interval for follow up appointments range between 4 weeks and up to 12 weeks on average. You will receive prescriptions during your appointment, and in most cases, will be given enough refills to last until your next appointment. All new patients must have an office visit before any prescription medication is prescribed.

Refill Request Planning

Patients are responsible for submitting their request for refills to their pharmacy and/or scheduling regular office visits at least **2 WEEKS PRIOR TO RUNNING OUT OF MEDICATION**. Fulfilling a refill request can take up to **5 BUSINESS DAYS** to process. Refills will only be granted during my provider's regular business hours (your provider may not work every day of the week). If you are overdue for an appointment, please then call River Valley BHWC to schedule an appointment. Your pharmacy should notify you that you have no refills on your prescriptions. **WE CANNOT REFILL PRESCRIPTIONS IF YOU ARE OVERDUE FOR YOUR FOLLOW-UP APPOINTMENT.**

Abruptly stopping antidepressants may cause people to experience some of the following symptoms: fatigue, achiness, headache, sweating, nausea, lightheadedness, tingling, electric-like sensations or "brain zaps", depression, anxiety, irritability. If symptoms do arise and feel unmanageable, or you have any thoughts of hurting yourself or others, you should be assessed in the emergency room. Abruptly stopping benzodiazepines after long-term regular use can cause dangerous withdrawal, including seizures. Other symptoms include increased anxiety, muscle tremor, headaches, digestive issues, and heart palpitations. Please seek medical treatment immediately if you experience withdrawal symptoms. Adverse drug withdrawal events are not expected after stopping stimulants.

Non-controlled Substance Prescriptions

A prescription with refills as appropriate will be sent to your pharmacy during your appointment. **If you require a refill prior to your next appointment, please contact your pharmacy** and have them fax a refill request to River Valley BHWC at (952) 746-0582. **Please do NOT contact the office to request refills.**

Controlled Substance Prescriptions

Some medications are strictly regulated by the Drug Enforcement Agency. These include benzodiazepines (e.g., clonazepam), hypnotics (e.g., Ambien), and stimulants (e.g., Adderall). Early refills cannot be provided for these medications, even if you are going out of town or your medication is lost or stolen.

In compliance with state law, prescriptions for controlled substances will be submitted electronically to pharmacies located in the state of Minnesota. Due to legal limitations for the number of refills that can be provided for controlled substances, we require follow up appointments every 8 to 12 weeks or more frequently if recommended by your provider for anyone prescribed a controlled substance. If a patient has not been seen in greater than 12 weeks, refill requests will be denied by our providers and an appointment will be necessary before consideration of a refill.

Pharmacy Tip: When calling the pharmacy, it is recommended that you do not use the automated system with only the prescription number unless you are certain the date corresponds with your last appointment/prescription. It is recommended that you speak to the pharmacist directly if you feel there is a miscommunication and give them your name and the name of your medication. If you are told by the pharmacy that you have no refills, but you were recently seen and told a prescription was being sent in, ask the pharmacy to check for a new prescription. Also, the pharmacy's automated system doesn't recognize new prescriptions, which have a different RX # than your previous bottle.

Your provider may not work Monday-Friday. Please keep this in mind when you need a refill of any medication.

The goals for taking controlled substances are to help manage the symptoms of my condition(s) using a safe and effective treatment plan. If my healthcare provider and I agree that it is beneficial for me to take a controlled substance I understand and agree to the following:

- Controlled substances may interfere with or impair my ability to drive, perform intricate tasks, and make important decisions. I understand that it is my responsibility to refrain from any activities that will endanger me or others while taking a controlled substance.
- The patient should not drink alcohol or use drugs/substances while taking controlled substances.
- Treatment with controlled substances may be discontinued or dose adjusted if medically necessary.
- Chronic daily benzodiazepines can cause dangerous withdrawal if stopped abruptly. Withdrawal symptoms include increased anxiety, muscle tremor, headaches, digestive issues, heart palpitations, and seizures. Please seek medical treatment immediately if you experience withdrawal symptoms.
- Adverse drug withdrawal events are not expected after stopping stimulants.
- I understand that controlled substances can be misused, abused, or lead to addiction.
- Prescriptions for controlled substances will be submitted electronically. No paper copies will be provided.
- Prescriptions will only be sent to pharmacies located in the State of Minnesota.
- Pharmacies do not transfer controlled substances. Prescriptions will be transferred a maximum of two times. The patient should confirm availability with the pharmacy before requesting a transfer.
- I will schedule, keep, be on time for appointments before running out of my medication.
- I will participate in all other types of treatment as recommended. My treatment may change as my provider evaluates my progress or more medical information is available.
- I will not ask for or take controlled substance medications from another prescriber or person. If I am given these medications by another healthcare provider or in the time of emergency, I will inform my provider at River Valley BHWC in the next 2 business days.
- The medication will be kept safe, secure, out of the reach of children and accessible only by myself. If the medication is lost, misplaced, or stolen, or if I use it up too soon, the medication will not be replaced. I will bring in my medications for pill counts at the request of my provider.
- I will take the medication only as instructed and not change the way it is taken.
- The use of mood-altering substances can negatively impact my response to treatment. I also understand that if my provider suspects drug use could compromise my health, my medications will be discontinued, my provider may order a drug test, and/or my provider will refer me to an appropriate treatment program.
- I will sign a release of information form to allow the provider to speak to/release records from other healthcare providers as requested. I will inform the provider of all other medicines that I take and let him/her know right away if I receive a prescription for a new medication.
- I may be subject to random drug testing in the office or ordered outside of this clinic. Medications may not be filled until results from tests are received.
- If the provider recommends treating the cause of the patient's conditions, as stated above, said Provider will change the prescription to wean off or decrease the medication dose.
- The patient may lose their right to treatment in this office if I or the patient breaks any part of this agreement.
- **For females of childbearing potential:** taking controlled substances while pregnant can be harmful to a fetus and can result in birth defects and/or severe neonatal withdrawal after birth. I will immediately notify my provider of any changes to my pregnancy status or if I am planning to become pregnant.
- In compliance with federal and state regulations and for my safety, I agree with the above statements. I understand that if I do not follow the statements above, my controlled substance prescription and/or treatment at River Valley BHWC may be ended immediately.

PATIENT / PARENT / GUARDIAN PRINTED NAME

PATIENT'S DATE OF BIRTH

PATIENT / PARENT / GUARDIAN PRINTED NAME

TODAY'S DATE