



## **Edinger Medical Group Benzodiazepine Prescription Agreement**

**Since other treatment options have failed to control your anxiety adequately, your provider \_\_\_\_\_ MD/NP has decided to give benzodiazepine medications to help manage your anxiety better. This is a very serious decision. You must adhere to several conditions in order to continue with this type of treatment.**

**By initialing each of the following points, you consent to understand the consequences of starting and continuing use of benzodiazepine medications as prescribed by your physician.**

**Conditions of Agreement :**( Please initial indicating you have read and understand the criteria below)

\_\_\_\_ I will not use illegal substances, street drugs, or abuse alcohol while taking controlled medications. I will not take benzodiazepines prescribed for other people.

\_\_\_\_ I will not be involved in the sale, illegal possession, diversion, or transport of controlled substances like narcotics, sleeping pills, or nerve pills.

\_\_\_\_ I agree that Edinger Medical Group physicians reserve the right to request urine and/or blood drug screens at any time while prescribing benzodiazepines. If my screen tests positive for un-prescribed substances or negative for medication that I have been prescribed, I understand that this is grounds for dismissal from Edinger Medical Group.

\_\_\_\_ I agree to obtain all prescriptions for benzodiazepines from only my Edinger Medical Group physician (or in his/her absence, his/her covering Edinger Medical Group physician).

\_\_\_\_ I agree to only take medications as prescribed.

\_\_\_\_ I agree to follow up on schedule at least every four months or as directed by my physician regarding anxiety and to keep all scheduled appointments regarding my anxiety.

\_\_\_\_ I agree to allow Edinger Medical Group and its physicians to communicate with other physicians and any pharmacists regarding anxiety as deemed necessary.

\_\_\_\_ I agree to contact Edinger Medical Group at 714 965 2500 within 24 hours if an unavoidable emergency occurs requiring a prescription for anxiety, an ER visit, or an inpatient admission.

\_\_\_\_ I will use only one pharmacy for all benzodiazepine medications and will notify Edinger Medical Group should it be necessary to change pharmacy.



\_\_\_\_\_ I will be responsible for making sure that I do not run out of my medications on weekends/evenings and holidays, because abrupt discontinuation of these medications can cause severe withdrawal syndrome, seizures and even death.

\_\_\_\_\_ I will safeguard my benzodiazepines from loss or theft. Lost or stolen medications will NOT be replaced.

\_\_\_\_\_ I understand the possible adverse effects and dependencies associated with benzodiazepine medications including but not limited to:

- Benzodiazepines can cause physical dependence. If I suddenly stop or decrease the medication, I could have withdrawal symptoms (like seizures) that may occur within 24-48 hours of the last dose. I understand that benzodiazepine withdrawal is a life-threatening condition.
- I understand that if I am pregnant or become pregnant while taking these benzodiazepine medications, my child would be physically dependent on them, and withdrawal can be life threatening for a baby.
- Overdose on this medication may cause death by stopping my breathing; this can be reversed by emergency medical personnel if they know I have taken benzodiazepines. It is suggested that I wear a medical alert bracelet or necklace that contains this information.
- If the medication causes drowsiness, sedation, or dizziness, I understand that I must not drive a motor vehicle or operate machinery that could put my life or someone else's life in jeopardy.
- I understand it is my responsibility to inform the doctor of any and all side effects I have from this medication.

\_\_\_\_\_ I agree to call 72 hours or 3 working days in advance for all benzodiazepine refill prescriptions. Medication refill requests and written prescriptions will only be available Monday thru Friday 8:30 am-5:00 pm.

\_\_\_\_\_ I understand that there will be NO EARLY REFILLS on any benzodiazepines or controlled medications.

\_\_\_\_\_ In the event that my Edinger Medical Group doctor(s) and I decide that I would benefit from consultation and care of a psychiatrist, this agreement will be terminated, I will thereafter receive all my benzodiazepines from the specialist and no longer receive any benzodiazepine medications from Edinger Medical Group.



\_\_\_\_ I understand that Edinger Medical Group may periodically run CURES reports and track my benzodiazepine use and prescription refills.

\_\_\_\_ I understand this mode of treatment will be stopped and I may be dismissed from medical care at Edinger Medical Group if any of the following occurs:

- A) I give away, sell, or misuse the drugs or use other peoples' drugs or illegal substances.
- B) I am noncompliant with any of the terms of this agreement.
- C) I disrespect or harass Edinger Medical Group physicians or staff.
- D) I do not follow up regularly or as requested by my physician.

I, \_\_\_\_\_, have read and understand the prescribing policy above.

\_\_\_\_\_ Date \_\_\_\_\_

Patient Signature