

HEALING MINDS

Psychiatric-Mental Health Nurse Practitioner

Controlled Substance / Stimulant Medication Agreement

This agreement is required for patients who are prescribed controlled substances, including but not limited to stimulant medications (e.g., Adderall, Vyvanse, Ritalin), benzodiazepines, or other medications that require monitoring under federal and state regulations.

- **SAFE USE:**

I agree to take medication exactly as prescribed. I will not change my dose without provider approval.

- **NO EARLY REFILLS:**

Early refills will NOT be provided for lost, stolen, or misplaced medications.

- **PRESCRIPTION MONITORING:**

I understand that my provider will check the CURES database to monitor controlled medication use.

- **ONE PRESCRIBER RULE:**

I agree to receive controlled medications only from Healing Minds unless otherwise approved.

- **URINE DRUG SCREENS:**

Random drug testing may be required to ensure safe and appropriate use.

- **APPOINTMENT REQUIREMENTS:**

I agree to attend scheduled follow-up appointments; missed visits may result in medication being paused.

- **NO SHARING OR SELLING:**

Misuse, sharing, or selling medication will result in discontinuation and possible reporting.

- **EMERGENCIES:**

For emergencies, I understand this office does not provide crisis services and I will call 911 or 988.

Full Legal Name:

Date of Birth (MM/DD/YYYY):

Signature (Typed Name):

Date: