



(Last revised 7/1/7)

Benzodiazepine Consent Form

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. The long-term use of benzodiazepines is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. There is also a risk of cognitive impairment. The extent of this risk is not certain. Because benzodiazepines have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, benzodiazepine dependence.

Please review the information listed here and put your initials next to each item when you have reviewed it with your provider and feel you understand and accept what each statement says.

Prescribed benzodiazepines must come from the provider whose signature appears below or, during his or her absence, by the covering provider, unless specific authorization is obtained for an exception. **(Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)**

Prescribed benzodiazepines must be obtained at the same pharmacy, where possible. Should you need to change pharmacies, **our office must be informed.** The prescriber assumes no liability related to actions of the pharmacy.

I agree to notify my provider of any new medications or medical conditions, and of any adverse effects you experience from any of the medications you take.

You may not share, sell, or otherwise permit others access to use your prescribed benzodiazepines.

Your prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacies or other professionals who provide your health care for purposes maintaining accountability.

Benzodiazepines should not be stopped abruptly, as abstinence syndrome will likely develop.

Unannounced pill counts, urine or serum toxicology screens will be requested, and your cooperation is required. Presence of unauthorized substances (including but not limited to illegal drugs i.e. marijuana, cocaine, heroin, etc. other controlled medication) may prompt referral for assessment for addictive disorder.

I agree to not use any alcohol or illegal drugs when using benzodiazepines.

Prescriptions and bottles of benzodiazepines must be closely safeguarded as other individuals with chemical dependency may seek them. The highest possible degree of care with your medication and prescription must be taken. They should not be left where others might see or otherwise have access to them.

No more than a small amount of benzodiazepines should be carried on your person at any time and always should be in the original pharmacy container. The balance of meds should be stored in a private, secured location.

Benzodiazepines may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. **A police report should be filed for all regarding theft of medication.**



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___ Early refills will not be given. **All appointments and scripts must be scheduled and obtained at least 14 business days prior to refill. All scripts are sent electronically.**

___ Prescribed benzodiazepines may be issued early **ONLY** under extenuating circumstances. Written documentation of such circumstances must be provided and a follow-up appointment scheduled prior to authorization. Pharmacists may decline requests. **For any stolen medication, a police report is required.**

___ I understand when I take benzodiazepines, that I may experience certain reactions or side effects that could be dangerous, including sedation, lightheadedness, trouble breathing, mental slowing, loss of coordination, and/or addiction. Also, I understand there is a risk of withdrawal if abruptly stopped.

___ All confidentiality is waived and full release of records in verbal and or written format will be immediately provided to healthcare professionals or legal authorities related to implied or actual violation of this contract or tolerance/abuse/addiction concerns.

___ **I acknowledge that failure to adhere to these policies may result in cessation of controlled substance** therapy prescribed by this physician, referral for further specialty assessment, and investigate by appropriate state and federal authorities.

___ **It is understood that any medical treatment is initially a trial, and that continued therapy is contingent on evidence of benefit.**

___ **I understand that I will be subject to urine screens**, which will be given both on a random and quarterly basis. It is important to quantify the amount benzodiazepines in the urine are necessary to verify the appropriate usage of the medication and possible diversion.

___ **I affirm that you have full right and power to sign and be bound by this agreement, and that I have read, understand, and accept all of its terms.**

___ Renewals are contingent on keeping scheduled appointments at least two weeks prior to refill date. No renewals without an appointment. I acknowledge that all script refill requests must be submitted at 10 business days prior to refill date during regular business hours (Mon-Fri 9-4).

___ **For Women:** It is my responsibility to tell my provider immediately if I think I am pregnant or if I am thinking about getting pregnant. If I become pregnant while taking benzodiazepines and continue to take the medicines during the pregnancy, the baby may be physically dependent on benzodiazepines at the time of birth and may require withdrawal treatment.

I have reviewed this form with my provider and have had the chance to ask any questions. I understand each of the statements written here and by signing give my consent for with benzodiazepines.

Patient signature

Patient name printed

Date

Provider signature

Provider name printed

Date