

Prescribing Controlled Substances and Minimize Abuse

Purpose: This policy will address and provide clear guidance for prescribing Controlled substances while minimizing abuse

Administration: All employees and staff will enforce this policy

Guidelines: The BritePath Medical does prescribe controlled substances to its patients which form a part of their treatment for ADHD.

Since there is a possibility that the prescribed controlled substances can be abused and not used for its intended purpose, ADD Clinic shall follow a strict protocol to minimize abuse.

Qb Testing: A comprehensive objective ADHD test, the Qb test, is performed on all patients prior to any medicines being prescribed. No patient is prescribed medication without an initial review of their Qb test results. ADD Clinic administers this test within its premises.

Limited Supply of Controlled Substances: ADD Clinic Providers only prescribe a limited 30-day of the controlled substances to the patient. The patient must make a follow up appointment after 30 days for a refill of his/her meds. No extension of this 30-day period is allowed.

AZ PMP Reports at each Appointment: The patient's AZ PMP Board of Pharmacy controlled substances history is reviewed at each appointment for any abuse or misuse of meds. Since we only prescribe a 30-day supply for all medicines, the patient's PMP file is checked every 30-days if they make regular appointments. This helps us keep tabs on and provides early warnings if any abuse is taking place.

Controlled Substances Contract: All patients are required to accept and sign on BritePath Medical's contract that explicitly defines the 30-day supply, penalty for abusing medicine and the frequency of required appointments for any refills. The sample of this Contract is attached.

Digital Code from Arizona State Enforcement for Providers: All BritePath Medical Providers are required to register for e-prescribing for Controlled substances. The registration is handled through Practice Fusion, our EHR system. Once registration is completed, each time a Provider wants to prescribe a Controlled med, they will receive a secret digital code that expires in 22 seconds which has to be entered in Practice Fusion to enable prescription. This fool-proof process ensures no abuse or stealing of signed prescriptions. Only the Provider can prescribe these meds, not their staff of Managers who do not have access to this code and registration.

ADD/ADHD TREATMENT CONTRACT

I, _____, am being treated for attention deficit hyperactivity disorder (ADHD). This treatment may involve the use of medications which are controlled substances, which can only be provided via a written prescription from a licensed healthcare professional at the above named facility.

-Initial Below-

_____ In order to adequately monitor my condition, I agree to see my medical provider at the BritePath Medical by appointment at least once every three months as directed by my healthcare provider.

_____ I understand that prescriptions for ADHD medication will only be given to me during appointment with my medical provider at the BritePath Medical.

_____ I understand that it is my responsibility to schedule my appointments in advance so that I am not at risk of running out of my medications.

_____ I agree to complete routine physical examination and intermittent diagnostic evaluations as seen fit by my healthcare provider as it related to my diagnosis.

_____ I understand that I will never receive a prescription refill early - even if my medication is stolen, destroyed, or otherwise lost.

_____ If I am unable to keep an appointment, I agree to notify the BritePath Medical at least 24 hours in advance. I also understand that it is my responsibility to reschedule the appointment so that I am not at risk of running out of my medications.

_____ I agree to follow my medical provider's instruction on how to take the medication.

_____ I agree to never request prescriptions to be given to me outside of a scheduled appointment, unless directed by my healthcare provider.

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PRIMARY CARE + ADHD + WEIGHT LOSS

_____ I agree to random urine drug tests at the discretion of my medical provider.

_____ I agree to never sell or share my medications with anyone.

_____ I agree not to seek out other medical providers or seek prescriptions for these medication from anywhere else. The only exception is if I have been explicitly directed to do so by my medical provider or during a hospitalization.

_____ I agree to continually educate myself about my condition and pursue non-medication methods for controlling ADHD symptoms.

_____ I understand that I will be evaluated and treated by a Physician Assistant or Nurse Practitioner at all of my visits.

_____ I acknowledge that if I break any part of this agreement, my medical provider at the BritePath Medical will discontinue my management of ADHD and discharge me entirely from receiving care at the BritePath Medical.

Patient Name

Signature

Date

_____ Medical Assistant Initial