You have been prescribed a controlled substance medication. Controlled substances are used to treat certain pain and mental health conditions. Controlled substances are medications with a high risk of abuse and are highly controlled by state and federal law; they also can cause serious harm, including overdose and death if not used as prescribed. For your safety, you need to understand your responsibilities and our policies regarding the use of controlled substances.

- It is a FELONY to obtain controlled substances by dishonest means, to have these medications without a valid prescription, and to give away or sell your medication.
- I will keep my medicine in a secure place such as a locked box to prevent theft. Lost or stolen medications may not be replaced.
- (Identify type of medication) _______________________ will be prescribed only by _____________________ (print provider name) or provider’s representative. I will tell my other providers that I am receiving this medication from this provider.
- The risks, benefits, and other options for treatment will be reviewed by this provider.
- I will be given a prescription to last a fixed amount of time. I will not use more medication than prescribed. I will not ask for early refills.
- Refill requests can only be made during regular office hours, either during a scheduled appointment or by phone call. I will call for refill or schedule a follow-up appointment at least 3 business days in advance to avoid running out of medicine.
- I will attend scheduled office visits as requested by my provider.
- I will provide a urine sample to check medication use when asked. I may be asked to come in to the office for a random urine drug test or pill count.
- If asked, I will bring all my medications to my appointment in their original bottle.
- I will not use recreational drugs, substances, or any medication not prescribed to me.
- The use of alcohol while taking controlled substances can be dangerous or even deadly. If I drink alcohol, I will discuss this with my provider.
- Medications are only one part of my treatment plan. I will participate in other treatments including physical therapy, psychotherapy, and/or others depending on my condition.
- Breaking any of these rules may result in my provider no longer prescribing controlled substances to me and could result in my removal from the practice.
- Additional recommendations: __________________________________________

By signing below, I acknowledge that I have received, read and understand these guidelines and agree to follow them.

Print Patient Name: ________________________________
Date: ____________________  Patient Signature: ________________________________
Date: ____________________  Witness Signature: ________________________________
Date: ____________________  Physician Signature: ________________________________

* Ascension Wisconsin refers to all healthcare organizations wholly owned, controlled and/or managed indirectly or directly by Columbia St. Mary’s, Inc., Ministry Health Care, Inc., or Wheaton Franciscan Healthcare -Southeast Wisconsin Inc., or their successor organization.