

Harris Internal Medicine

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CONTROLLED SUBSTANCE POLICY

Controlled substance medications (i.e. narcotics, tranquilizers, and barbiturates) are very useful but have a high potential for misuse and are, therefore, closely controlled by local, state, and federal governments. They are intended to relieve pain, thus improving function and/or ability to work. Because Harris Internal Medicine takes the safety of our patients very seriously, the following terms will be strictly enforced:

1. I am responsible for the controlled substance medications prescribed to me. If my prescription is lost, misplaced, or stolen, or if I "run out early," I understand that it will not be replaced.
2. Refills of controlled medications:
 - a. Will be made only during regular office hours Monday through Friday, in person, once a month, during a scheduled office visit. Refills will NOT be made at night, on weekends, or during holidays.
 - b. Will NOT be made if I "run out early," or "lose a prescription," or "spill or misplace my medication." I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.
 - c. Will NOT be made if I am not taking medication as prescribed.
3. I understand that my medication will be terminated if I am receiving the prescribed medication from a different physician and/or clinic.
4. I understand that any treatments with controlled substances are based solely on my medical provider's discretion. It may be necessary by my doctor that I see a medication-use specialist at any time while I am receiving controlled substance medications. I understand that if I do not attend such an appointment, my medications may be discontinued or may not be refilled beyond a tapering dose to completion. I understand that if my medical provider feels that I am at risk for psychological dependence (addiction); my medications will no longer be refilled.
5. I agree to comply with random urine, blood, or breath testing, documenting the proper use of my medications as well as confirming compliance. I understand that driving a motor vehicle may not be allowed while taking controlled substance medications and that it is my responsibility to comply with the laws of the state while taking the prescribed medications.
6. I understand that if I violate any of the above conditions, my prescription for controlled substance medications may be terminated immediately. If the violation involves obtaining controlled substance medications from another individual, or the concomitant use of non-prescribed illicit (illegal) drugs, I may also be reported to all my physicians, medical facilities, and appropriate authorities.
7. I understand that the main treatment goal is to reduce pain and improve my ability to function and/or work. In consideration of this goal, and the fact that I am being given a potent medication to help me reach my goal, I agree to help myself by the following better health habits: exercise, weight control, and avoidance of the use of tobacco and alcohol. I must also comply with the treatment plan as prescribed by my physician. I understand that a successful outcome to my treatment will only be achieved by following a healthy lifestyle.
8. I understand that the long-term advantages and disadvantages of chronic opioid use have yet to be scientifically determined and my treatment may change at any time. I understand, accept, and agree that there may be unknown risks associated with the long-term use of controlled substances and that my physician will advise me of any advances in this field and will make treatment changes as needed.