



**Richard Senyszyn MD**  
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## CONTROLLED SUBSTANCE MEDICATION AGREEMENT

Controlled substances prescribed in my practice may include the following:

- 1) Stimulants, for ADHD and other indications (Ritalin, Adderall, Concerta, etc.) DEA Schedule II
- 2) Sedative/hypnotics, for anxiety and/or insomnia (Klonopin, Ativan, Ambien, etc.) DEA Schedule IV
- 3) Suboxone, for opiate dependence. DEA Schedule IV.

The particular purpose, nature, risks, and benefits of each medication will be discussed with you prior to prescription. Certain common elements are reviewed in this document:

**TOLERANCE, DEPENDENCE, & ABUSE:** These medications have the potential to induce tolerance and dependence. *Tolerance* means that the effect can “wear off” over time, and higher doses may be needed to produce the same effect as previously. *Dependence* means that withdrawal symptoms may develop if a person has developed tolerance and stops the medication. The risk of tolerance and dependence increases with the dose, duration, and consistency of the medication use, and also depends on individual factors that may be hard to predict. *Abuse* is use of the medication in any way other than as prescribed (in higher doses, more frequently, for “recreational” purposes, or by any means other than oral ingestion.)

**DIVERSION:** These medications may be sought after by individuals who are dependent on them or wish to abuse them. Giving or selling your medications to others is a violation of Federal law, as well as of this agreement, and may carry severe legal consequences.

**MULTIPLE SOURCES:** It is essential, both for your safety and for a trusting professional relationship, that you **not** obtain controlled medications similar to those I prescribe for you from any other source without my knowledge. This includes medication prescribed by other doctors, “borrowed” from friends, or “off the street”.

**RENEWALS:** Renewals for controlled substance prescriptions will be handled in person at regularly scheduled appointments. As with all medication refills, please call or **email at least several days in advance** of running out of your medication, so that I will have time to take care of the refill. Please be aware we are usually **UNABLE** to process most refills the same day requested. It may take 1-2 business days to complete this process.

**LOST OR STOLEN BUPRENORPHINE OR STIMULANT MEDICATION WILL NOT BE REFILLED UNTIL THE NEXT SCHEDULED APPOINTMENT.** This policy reflects the problem of misuse and diversion of controlled substances. If you are on Buprenorphine you **WILL** go through withdrawal. I will supply three day detox regimen, but this will require an office visit. If you are taking a benzodiazepine, withdrawals could potentially be life threatening. An immediate office visit will be arranged and a benzodiazepine prescription **MAY** be filled for no longer than three days until the office visit.

**MEDICATION CONTAINERS / TRAVELLING:** Although it is common sense that it is safer not to travel to work, vacation, etc. with one’s entire supply of medication, State law requires that *all* prescription drugs remain in the original containers in which they were dispensed, except “when in use”. “When in use” is defined to include “reasonable repackaging for more convenient legitimate medical use”. On occasion, patients have been confronted by law enforcement officers if medications are not in their original bottle (e.g., when a car is searched at a traffic stop.) While I cannot offer an interpretation of the law on this matter, if you do chose to carry any of your medication outside its original container, it would be advisable to carry your pharmacy paperwork showing the details of the prescription, so that its legitimacy can easily be confirmed if necessary. If you have further questions about this, you may wish to consult an attorney for advice.



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**PRESCRIPTION MONITORING PROGRAM:** The Prescription Monitoring Program (PMP) is a tool created by the Texas Department of Public Safety to prevent and detect prescription drug misuse and diversion. The PMP maintains a database of all transactions for controlled substances dispensed in the State of Texas. This database is available to all prescribers and dispensers. I intermittently monitor the database for any unexpected prescriptions to my patients who take controlled substances. You may expect that other physicians who you see may also monitor the database, and will be aware of any controlled medications prescribed by me.

**I agree** that I understand the risks of controlled substance tolerance and dependence. **I agree** that I will not in any way abuse the medication prescribed to me. **I agree** to maintain strict and careful control over my medication supply and unfilled written prescriptions. **I agree** that under no circumstances will I give away, share, sell, or trade my medications, or leave my medications or prescriptions in a place that is likely to result in loss, theft, or diversion. **I agree** that I will report any theft of controlled substance medications to police immediately. **I agree** that I will not seek or fill additional prescriptions for controlled substances similar to those I am prescribed by Dr. Senyszyn without first informing Dr. Senyszyn. If controlled substance medications are prescribed to me by another clinician, **I agree** to notify Dr. Senyszyn immediately (or as soon as feasible following an emergency situation.) **I agree** not to obtain or consume controlled substance medications from friends or “street” sources.

**I understand** that all prescriptions for controlled substances dispensed in Texas are entered into the PMP database and may be reviewed by pharmacists and other physicians in order to prevent drug misuse and diversion.

**I understand** that state law requires that all prescription medications remain in their original (pharmacy) containers, except “when in use”.

**I understand** that any violation of the above agreements could result in termination of some or all of my controlled substance prescriptions and/or termination of my status as a patient in Dr. Senyszyn’s practice. I further understand that violation of the above agreements may result in abruptly being without my controlled medication, which may cause unpleasant or hazardous withdrawal effects.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Date