

INTEGRATIVE PSYCHOLOGICAL MEDICINE, PLLC **CONTROLLED SUBSTANCE POLICY FOR A MINOR**

The use of any controlled medication may be a part of my child's treatment plan with Integrative Psychological Medicine (IPM). These medications may be used to help improve my child's functioning at home and at school/work as much as possible. I promise to abide to the rules and agreement stated on behalf of my minor child. I agree with any consequences issued by IPM providers for failure to abide by any one of the agreements explained here.

PROVIDER RESPONSIBILITIES TO PATIENT

- IPM providers will work with you and your child to make sure that the prescribed medicine is working as it should to help the patient and not cause him/her harm.
- We promise to consider all medications prescribed by other providers before your child joined our practice and while your child is registered as our patient, to ensure that they are the best treatment medication for your child.
- We do not encourage our patients to seek medications or care from multiple providers for the same issue except on emergency or urgency situations.
- It is our providers' responsibility to educate patients on every medication mechanism of action and side effects.

PATIENT AND PARENT RESPONSIBILITIES WITH CONTROLLED MEDICATIONS

- It is my responsibility to help my minor child follow the treatment plan including keeping all appointments set up by the provider.
- I am responsible for my minor child's medications. I will not share, sell or trade them for any reason. I will keep them in a safe place. I will accept any actions taken by the provider for not being responsible with my minor child's medications.
- I will make sure my child takes their medications as prescribed.
- I understand that the provider will not replace any medication that is lost, stolen, damaged or used-up sooner than it should.
- My child will not use any psychotropic medications that have not been prescribed by the provider at IPM except for emergency or urgency situation.

USING PRESCRIPTIONS FROM OTHER PROVIDERS

I agree to inform the providers and administrative staff at Integrative Psychological Medicine of any psychotropic or controlled medications that my child may receive from providers outside of Integrative Psychological Medicine such as, but not limited to, a primary care provider, other psychiatrist or emergency room provider. I will ensure to bring the medication bottle to the next visit even if the bottle is empty.

REFILLS

I understand that:

- Refills will be available during regular office hours.
- No refills will be honored at nights, holidays or weekends.
- No early or emergency refills may be made.
- I will pick up my child's prescription script myself or may request for it to be electronically sent to a designated pharmacy.

PRIVACY

While my child is taking any controlled medicine, his/her provider may need to contact other providers or his/her school to get information about their use and tolerance to the medication, with my consent.

STOPPING THE MEDICATION

If I do not follow this agreement, or if my provider decides that this medicine is hurting my child more than helping him/her, this medicine may be stopped safely by the provider.