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CONTROLLED MEDICATION POLICY

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The purpose of this policy is to ascertain that long-term controlled medications are prescribed in the safest, most effective manner in compliance with state and federal law. Utilization of controlled substances may be medically useful but, if used inappropriately, carries risks. In order to receive controlled medications from our office, please review the following policies.

1. After initiation of treatment, the patient will follow up every 1-3 months prior to the writing of medication refills. More frequent visits may be required when medication dosage is being adjusted
2. Any request for refills or changes in prescribed medication will require an appointment to determine the appropriateness of medication changes and to issue any new prescriptions
3. Refills of a controlled substance medication **Will NOT** be made if I "run out early." I am responsible for taking the medication in the dosage prescribed and for keeping track of the amount remaining.
4. Early refill requests will not routinely be issued to accommodate out of town travel.
5. If your pharmacy is out of stock, you are out of town, or are traveling, **THE FIRST STEP IS TO CALL YOUR PHARMACY AND REQUEST YOUR MEDICATION BE TRANSFERRED TO ANOTHER PHARMACY.** The only medications that cannot be transferred are stimulants for ADHD.
6. Prescriptions will be sent to your pharmacy electronically only at the time of your appointment. Any patients requesting to change pharmacies, alter dosages, etc. outside their appointment will be issued a written prescription and be subject to a \$25 fee. Written prescriptions will need to be picked up at the office, no prescriptions will be mailed.
7. In the event of electronic transmission failure, I understand that I may need to pick up a hard copy prescription from the office.
8. If you frequently need to change pharmacies or use several pharmacies to find the best price, please ask the provider for a hard copy prescription. Additionally you can request that your pharmacy transfer your prescription to a new pharmacy.
9. I give permission to my primary care physician, prescribing physician and/or his colleagues to communicate with any other physician or health care provider and any pharmacists regarding my use of controlled substances.
10. I understand that I must abstain from use of illegal drugs or alcohol while under treatment by my physician. Failure to do so can result in tapering of controlled medications or referral to substance abuse treatment.
11. Medical Marijuana has been legalized in the State of Florida; however, we do not recommend the use of marijuana along with controlled substance medications for patients that are being treated for mental health disorders. Use of medical/recreational marijuana, while under contract, will be considered a violation of our controlled substance policy.
12. I will follow the advice of my primary care physician, prescribing physician and/or his colleagues in regard to stopping my use of controlled substances, should they feel it advisable
13. I agree to notify my prescribing physician of controlled substance prescriptions from outside providers.
14. I understand that I need to accurately disclose my medications to all of my medical providers
15. If you are being evaluated by another physician for a medical problem, procedure or surgery and are expecting to be prescribed or given other controlled medications (temporarily or on-going), you need to notify our office to determine if medication adjustment or reevaluation is necessary.
16. I understand that it is a felony to obtain these medications by fraudulent means, to possess these medications without a legitimate prescription, and to give or sell these medications to others.
17. I understand that allowances will not be made for lost, stolen or misplaced prescription or drugs. Any stolen prescription must be reported to the police and my provider immediately. A police report must be presented. Lost prescriptions must be reported to my provider within 24 hours

CONTROLLED SUBSTANCE POLICY

15. If there is any suspicious behavior including frequent, early refill requests or multiple “lost” prescriptions we have the right to terminate this agreement and refuse further prescription requests.
16. I understand that any form of abusive behavior (including abusive language) toward office staff will not be tolerated and will constitute a termination of this contract and/or immediate dismissal from the practice
17. Patient is required to release Beaches Behavioral from any liability related to their misuse of the controlled substance prescribed.

My physician has the right to discontinue controlled substance medications and discharge me from care if any of the following occur.

- I trade, sell, misuse or share medication with others;
- My blood or urine shows signs of adulteration or the presence of medications that my physician is not aware of, the presence of Illegal drugs or does not show medications that I am receiving a prescription for;
- I get controlled substances from sources other than at Beaches Behavioral without notification;
- The clinic discovers I have broken any part of this agreement;
- I consistently miss appointments
- I do not go for blood work or urine tests when asked;

I have read this document, understand it, and agree to the terms. I voluntarily consent to the use of controlled substances to help control my condition, and I understand that my treatment with controlled substances will be carried out in accordance with the conditions stated above.