

Benzodiazepine, Stimulant & Hypnotic Agreement

Patient's Name _____

My healthcare provider may consider prescribing benzodiazepines (such as Klonopin, Xanax, or Ativan), stimulants, and hypnotics to address symptoms related to my psychiatric condition or to manage side effects from primary medications, with the goal of improving my overall functioning.

I acknowledge the following regarding benzodiazepine medications:

- Regular use may lead to reduced effectiveness over time.
- This is a temporary treatment approach.
- Abrupt discontinuation may result in withdrawal symptoms, which can be severe or even fatal in certain cases.
- There is a potential risk of addiction associated with benzodiazepine use.
- Long-term use may lead to various side effects, including memory disturbance and an increased risk of Alzheimer's Disease.

Misuse or improper use of these medications can be extremely dangerous and is often associated with abuse. To ensure safe and responsible medication use, I agree to adhere to the following rules:

- Take medications at the prescribed dose and frequency determined by my provider.
- Do not alter the medication regimen without prior approval from my provider.
- Refrain from requesting early refills.
- Take responsibility for lost or stolen medications.
- Arrange for refills only during clinical hours at the prescribed interval.
- Obtain prescriptions exclusively from LumenMind Psychiatry, LLC, with no requests from other providers without approval.
- Attend scheduled appointments with my psychiatric provider at LumenMind Psychiatry, LLC.
- Avoid seeking controlled substance prescriptions from other providers while under the care of LumenMind Psychiatry, LLC.
- Refrain from using controlled substances if there is a history of substance abuse.
- Maintain an updated medication list with LumenMind Psychiatry, LLC.
- Actively participate in the prescribed treatment plan, which may include group or individual therapy.
- Abstain from using illicit marijuana, alcohol, or other substances while on medication.
- Accept random urine drug screens and pill counts as part of the monitoring process.
- Acknowledge that non-compliance or inconsistent medication use may lead to the discontinuation of prescriptions.
- Recognize that lack of improvement in symptoms may result in the cessation of medication.
- Understand that ongoing lab work and EKG assessments may be required during medication use.

- Acknowledge that significant side effects or problematic tolerance may prompt my provider to discontinue medications.
- In the event of benzodiazepine discontinuation, the process will be carried out in the safest manner possible, which may include tapering.
- Accept that dose adjustments may not always involve an increase and may include tapering and discontinuation.

I have read this agreement and agree to all terms as outlined above.

Provider's Name

Rilwan Folorunso, MSN, CRNP, PMHNP-BC

Provider's Signature _____

Patient's Signature _____

Date & Time _____

This is a controlled-substance treatment agreement. It is a starting template and must be reviewed by the prescribing provider and the practice's counsel before use.