

PATIENT TREATMENT CONTRACT

As a participant in treatment, I freely and voluntarily agree to accept this treatment contract as follows:

1. I consent to treatment by my providers.
2. I agree to keep and be on time to all my scheduled appointments to the best of my ability.
3. I agree to adhere to the financial policy outlined by this office.
4. I agree to conduct myself in a courteous manner in the doctor's office.
5. I agree not to sell, deal, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated.
6. I agree not to steal, or conduct any illegal or disruptive activities in office.
7. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any recourse for appeal.
8. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
9. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.
10. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
11. I understand that as part of my treatment plan it is required that I see the physician on a regular basis as part of my treatment and no prescriptions will be written without an office visit. Subsequently I understand that if I do not keep appointments regular with my provider and a period of 60 days elapses, I may be discharged as a patient from care.
12. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
13. I agree to come in and appear upon 48 hours notice for a pill count where I will bring in my prescribed medication for inspection at the notice of CBHS representative.
14. I understand that I may be screened for drug abuse or use at anytime.