

Dr. Poonam Khanna, D.O. Child, Adolescent & Adult Psychiatry

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## **Use of Medication for Treatment Agreement**

Effective date of this Agreement is October 1, 2014

The prescribing medication and medication management are services Dr. Khanna is able to provide to her patients. The role of medication for treatment is taken very seriously; and Dr. Khanna will only prescribe medication if it is warranted. This Agreement outlines the conditions in which Minds that Matter requires of all patients when medication is prescribed or managed by Dr. Khanna. Please review it carefully. If you have any questions please bring them up at your appointment so they can be discussed.

If you have agreed to use medication as part of your treatment, then it is your responsibility to comply with the following:

- \* You must have an active patient status with Minds that Matter, and are required to regularly schedule and attend appointments. Follow up appointments are needed to monitor your medication and are dependent upon your progress and functioning.
- \* Medication is only part of your treatment, and other services or forms of treatment may be required. You are expected to follow through with referrals and participate in the recommended services, which may include counseling or therapy, medical assessments, drug screenings, other laboratory requests, and EKG requests.
- \* If you do not fully understand the information communicated to you about your medication, you are to ask for clarification prior to starting the medication. Prior to starting a medication you will be informed of the reason for prescribing, the benefits expected, and the potential risks or side effects of its use. When starting a medication or when there is a dosage change you will be given detailed instructions on how to take your medication, including the prescription dose, frequency, route, and duration.
- \* You understand that finding the right medication for you will take some time and is often done through trial and error. Appropriate time will need to be given for each dose of medication so that the efficacy and safety of that specific dose can be fully assessed. This will also allow for better avoidance of adverse side effects.
- \* You understand that medication changes, such as an increase in dose or start of a new medication, will only be discussed and decided upon during your appointment time. Medication changes will not be made over the phone. If a medication change is appropriate, a review of your vitals, laboratory results, and/or EKG results may be necessary.
- \* You are to take your medication as prescribed. You will not make any changes to the dose, frequency, route, or duration of your medication. You understand that

certain medications require a taper schedule to be discontinued safely, and you will not stop any of your medications with out prior approval and specific instructions from Dr. Khanna.

- \* You are to call the office immediately if you are experiencing any side effects from your medication.
- \* When requesting prescription refills, you are required to provide a 72 hour notice to ensure consistent and continued medication treatment. Prescription refills through mail-order require a 14 day notice. Authorization of a prescription refill request is only provided if you are due for a refill, as indicated in your patient chart and confirmed by your pharmacy. Prescription refills that cannot be called, faxed, or electronically sent into the pharmacy will need to be picked up from the office; proper photo identification is required. You are to use your appointment times to obtain your prescription refills; refills can only be obtained during regular office hours and do not constitute as an emergency or crisis situation. You are required to attend regularly scheduled follow up appointments to be eligible for prescription refills; refills will not be provided if you are overdue for an appointment.
- \* For the ordering and pick up of all prescription medications, you are to use only one pharmacy. You will need to provide the office with the designated pharmacy's name, address, and phone number. This pharmacy, as well as other pharmacies, may be contacted to verify medication related information.
- \* You are not to share your medication with another person, nor will you take another person's medication. You are not to take any prescription medications, yours or otherwise, that are not currently prescribed to you. The office must be informed of all medications you are taking, and you are required to continuously update that information should there be changes.
- \* You are not to use illegal or street drugs, and may be required to abstain from alcohol. Using drugs or alcohol will impact your progress and functioning, and may negatively interact with your prescribed medications. Drug screenings may be requested to confirm that you are only taking your prescribed medications.

In addition to the above, if you have agreed to use controlled substances as part of your treatment, then it is your responsibility to comply with the following:

- \* You understand that even though controlled substances can be very useful, they can also have potential misuse, physical dependency, and addiction. Due to the potential abuse associated with controlled substances, the possession and use of controlled substances are regulated by local, state, and federal governments.
- \* You are to maintain possession of your controlled substance medication and/or written prescription for the controlled substance at all times. The safeguarding of you medication is your responsibility. Your controlled substance medication or written prescription will not be replaced if it is lost, misplaced, or stolen. If theft occurs, information from the police report is required. Additionally, if you run out of medication early, due to not taking it as prescribed or unauthorized use by another person, your controlled substance medication will not be replaced or refilled.
- \* You are not to give or sell your controlled substance medication to another person. Furthermore, you are not allowed to seek, request, accept, or take controlled substances from another person or provider while such medications are prescribed to you by Dr. Khanna. The only exceptions are if a controlled substance medication is prescribed while you are admitted to a hospital or with prior approval from Dr. Khanna.

You understand that a copy of this Agreement may be released to other providers and pharmacies involved in your care for the purpose of monitoring your medication and medication use. You also understand that any violations of this Agreement discovered by Minds that Matter, other providers, pharmacies, and/or hospitals will be reported. If there is concern that you have been involved in illegal activity pertaining to the use of your medication, appropriate law enforcement authorities may be contacted.

Violation of this Agreement may result in immediate taper and/or discontinuance of your prescription medication. Your treatment through Minds that Matter may also be terminated, immediately and permanently.