

JOSEPH M. SHARPE, M.D.
Patient Medication Agreement

Tennessee is one of the top states in the nation for prescription fraud and misuse. Efforts are being made at state and federal levels to try and help this serious problem. These measures, while important, have resulted in some clinics refusing to write certain controlled medications. We feel that omitting medications would not allow us to provide the care that we would want for ourselves and our families. You will notice changes that are designed to satisfy the monitoring requirements. These include prescription database monitoring, as well as drug testing as appropriate.

I understand I have been, or may be, prescribed medications which are controlled substances. I understand that these medications are regulated by state and federal law. I also understand that it is a FELONY to obtain these medications by fraudulent means, to possess these medications without a legitimate prescription, sell or give these medications to others.

If a prescription or the medication is lost, stolen, or damaged, the prescription will **NOT** be re-written before the 30-day renewal period. I understand it is my responsibility to protect both my written prescription and my medication from being lost, stolen, or misused.

If appointments are not kept or scheduled as required, it is not possible to refill medications. Once the dose of medication is stabilized I may be allowed to stretch my visits to every 3 months, depending on the medication I am prescribed. At these appointments, I will be given sufficient prescriptions to last until my next visit. It is my responsibility to safeguard my medication and prescription. Lost or stolen prescriptions cannot be renewed.

If I am prescribed stimulants, I will be given three separate prescriptions, each to be filled at 30-day intervals allowing me sufficient medication to last 90 days. I understand that it is my responsibility to safeguard my medication and prescriptions. Lost, stolen, or damaged prescriptions will not be renewed earlier than 30 days from the previous prescription date – **NO EXCEPTIONS**. I also understand that if I fail to schedule an appointment within the time frame requested, or if I miss an appointment that I have made, my medications will not be renewed until I am seen for an appointment. I also understand that I will not be allowed to fill my prescriptions earlier than the required 30 days.

We regret any unintended negative impact. Together with you as our partner, we will do all in our power to continue to be able to provide the level of care that we would want for ourselves.

Patient Signature: _____

Printed Name: _____

Date: _____