



Turnwell Mental Health

CONTROLLED SUBSTANCE POLICY

I understand that **IF** I am prescribed a controlled substance, these medications carry inherent risks, including side effects, sedation, cognitive impairment, dependence, misuse, and potential withdrawal if stopped abruptly. I agree to take my medication exactly as prescribed and to discuss any concerns with my provider before making changes.

I understand that prescriptions for controlled substances are regulated by law and are provided at the discretion of my provider.

The clinic cannot guarantee that a prescription will be written or refilled at any given time. Pharmacies may also decline to fill prescriptions, and the clinic is not responsible for pharmacy decisions or medication availability.

I understand that if my medication is lost, stolen, damaged, or used sooner than prescribed, it may not be replaced or refilled early. This includes situations where I run out of medication early for any reason. Any exceptions are at the sole discretion of my provider and may require documentation.

I understand that some of these medications may cause withdrawal symptoms if stopped suddenly. If I am unable to obtain my medication and develop concerning symptoms, I agree to seek appropriate care, including urgent care, an emergency room, or calling 911 or 988 (Suicide & Crisis Lifeline) when appropriate.

As a condition of receiving controlled substances, I agree to follow clinic policies; including attending **regularly scheduled appointments**, requesting refills at appropriate times, and completing **urine drug screening or other monitoring** if requested. I understand that failure to comply with these requirements may result in modification or discontinuation of my treatment.