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## *Medication Management Agreement for Psychiatric Services*

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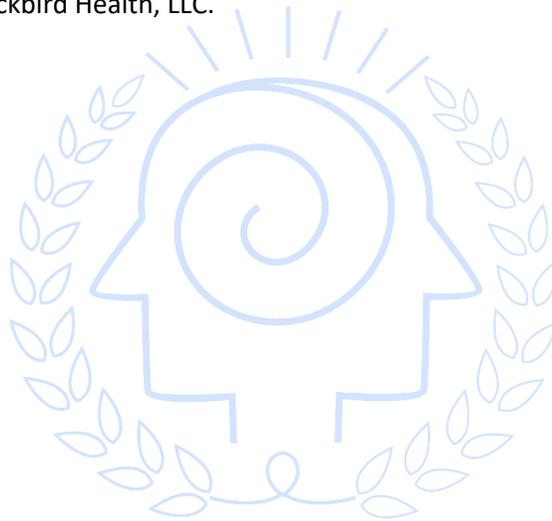
Psychiatric services are the provisions of medical care under a Pennsylvania licensed Medical Doctor, Doctor of Osteopathic Medicine, Certified Registered Nurse Practitioner or Physician Assistant for mental health diagnosis, including the provision of medication for mental health diagnosis. Psychiatric prescribers are specialists in different psychiatric disciplines. Psychiatric prescribers have a broad clinical experience in treating children, adolescents, adults and geriatric patients using psychotropic medication.

Patient acknowledges that Cognitive Behavior Institute is not a provider of psychiatric services, and that any provider of psychiatric services which patient may see in these offices is an independent provider of psychiatric services who is a tenant of CBI. Patient understands that while CBI may refer a patient to the independent provider of psychiatric services, CBI plays no role in the provision of those services, and it is the provider of psychiatric services who will make all decisions related to the provision of psychiatric care. By reviewing this document and signing the accompanying informed consent, the patient acknowledges that CBI is a provider of counseling services, through its trained counseling professionals, and does provide psychiatric services. Patient acknowledges psychiatric services are provided either by Psych-Med Associates; Jennifer Almendrala MD, LLC; Peter Murray MD, LLC; Instinct Wellness LLC; Werb Psychiatric Care, LLC; Ambrose Psychiatric Services, LLC; and/or Blackbird Health, LLC, independent providers and tenants of CBI.

To provide the best quality psychiatric care there will be an agreement between the consumers and the Psychiatric Prescribers. By reviewing this document and signing the accompanying informed consent, the patient asserts that all the following statements are true:

- I understand that the main treatment goal in prescribing medication is to improve my ability to function and/or work. In consideration of these goals, I agree to help myself by following better health habits including but not limited to exercise, eating healthy and avoiding the use of alcohol and tobacco.
- I understand that my insurance may require a pre-authorization for medication prescribed. Staff will submit appropriate paperwork as required by my insurance for any pre-authorization. I understand that my insurance company may take between 24 hours and up to 14 days to approve a pre-authorization which could result in a delay of receiving my prescribed medication.
- I am responsible for my controlled substance medication. If the prescription medication is lost, misplaced, stolen or if I need it refilled sooner than prescribed, I understand it will NEVER be replaced.
- I will not request or accept the same class of medication from any other physician/prescriber while I am receiving medication from this office.
- Refills of medications will only occur at scheduled medication management appointments. Refills will not occur over the phone unless otherwise arranged with your prescriber. In these cases, it may take up to 72 business hours for prescriptions to be sent to pharmacy.
- Refills will not be authorized early because of vacations or personal plans.
- I am responsible for taking my medication at the dose and time prescribed.
- I will not share, trade, or sell my medications. I understand that doing so will result in my immediate discharge from this office.

- I will disclose fully to the best of my knowledge all other medications I am taking, including methadone.
- I agree to comply with random urine or blood testing.
- I understand that driving a motor vehicle may not be allowed at times while I am taking a controlled substance and it is my responsibility to comply with the laws of this state and in accordance with my prescriber.
- I understand that if any criminal charges for receiving, possession or selling of illegal substances and/or a controlled substance prescription will be reviewed by my prescriber and may result in my discharge.
- In the interest of collaborative care, I consent to the sharing of my Protected Health Information between Cognitive Behavior Institute, Psych-Med Associates; Jennifer Almendrala MD, LLC; Peter Murray MD, LLC; Instinct Wellness LLC; Werb Psychiatric Care, LLC; Ambrose Psychiatric Services, LLC; and Blackbird Health, LLC.



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