



COH Medicine Contract

This contract has 4 parts.

- Part 1 Tells you how and when to take your medicine.
- Part 2 Lists things you agree to do.
- Part 3 Lists things that could happen if you do NOT do the things listed in Part 2.
- Part 4 Requires you and your provider to sign the form.

Part 1 -My Medicine

Medicine	Breakfast	Lunch	Dinner	Bedtime

Part 2 - I Will:

- Tell my provider if I get medicine from another doctor or emergency room.
- Call COH at least 24 hours in advance if I need to cancel my appointment.
- Keep my medicine in a safe place AND away from children.
- Tell my provider if I am pregnant.
- Get my medicine from only _____
 - Address : _____
 - Phone number: _____
- Bring all of my unused medicine in their pharmacy bottles the next time I come to see my provider. He/she may count the number of pills in my bottle(s).
- Ask for refills before I run out.
- Allow COH to check my urine (pee) or blood to see what drugs I am taking.

Part 2 - I will NOT:

- Share, sell or trade my medicine with anyone.
- Use someone else's medicine(s).
- Use illegal drugs (crystal meth, PCP, K2, cocaine).
- Change how I take my medicine(s) without asking my provider.
- Ask my provider for extra refills if I lose or misplace mine.
- Use my medicine to change my mood.

Part 3 - I Understand:

If I do not do all of the things listed in Part 2, my provider:

- Will no longer order medicine for me.
- May stop giving me medical care.
- May send me to drug abuse treatment.

Part 3 - I Know:

- COH and my pharmacy will check my medicine use.
- I know these medicines could cause problems if I stop too quickly and other side effects.
- I know if I drive while taking medicine, I can be charged with driving under the influence (DUI). If I am charged with DUI while taking medicine, COH is not to blame.

PART 4 - SIGN THE FORM

Patient Name: _____

Patient Signature: _____

Date: _____

Provider Name: _____

Provider Signature: _____

Date: _____