

CONTROLLED SUBSTANCES AGREEMENT



This agreement is between [Hospice Name], [Patient Name] and caregiver. To better care for [Patient Name], the following expectations are required to maintain an effective provider/patient/caregiver relationship.

Controlled Substances Expectations

- All medications are for patient use only.
- Narcotic medications will only be taken/administered as prescribed.
- Narcotic medication use will be reported to the Hospice Care Team as requested.
- All medications must be stored in a safe place in collaboration with the hospice team, where other individuals cannot access.
- Any changes in patient condition will be communicated to the Hospice Team to establish a plan to best manage patient’s symptoms.
- Medications will not be given, shared, traded or sold to anyone.
- Narcotic prescriptions will not be obtained from another medical provider.

Hospice Roles

- The Hospice Nurse will review and count medications every visit.
- Hospice will not supply additional refills for the prescriptions of medications that are lost, stolen, missing, or misused.
- Hospice may report any missing medications or suspicion that medications were shared, traded, or sold to anyone.

Timeframe for Expectations

The above expectations will be met immediately.

Initial one of the following

- ___ I decline this Controlled Substance Agreement therefore I understand hospice may terminate services.
- ___ I have read and understand the above-listed Controlled Substance expectations. I also understand that failure to meet these expectations may result in limiting medication
- ___ I have read and understand the above-listed Controlled Substance expectations. I also understand that failure to meet these expectations may result in the termination of the relationship between me and this provider or organization.

Patient/Legal Representative Printed Name

Relationship

Patient/Legal Representative Signature

Date

CONTROLLED SUBSTANCES AGREEMENT



Hospice Representative Signature/Title

Date