



INTERACTIVE PSYCHIATRY

Controlled Substance Agreement

Patient Name: _____ DOB: _____

Provider: Taimaris Mas Marante, PMHNP-BC

Florida law regulates the prescribing of controlled substances, including narcotics, sedatives, benzodiazepines, and stimulants for ADHD. This agreement ensures safe, legal, and appropriate use of these medications.

1. Prescribing: Most prescriptions are limited to 30 days. Only Interactive Psychiatry will prescribe controlled medications. No use from other providers without approval.
2. Other Providers: I will inform other providers about my prescriptions here. Unauthorized prescriptions from others may lead to discontinuation and discharge.
3. Refills & Pharmacy: Must be written and picked up with ID. Use same pharmacy when possible. 72 business hours' notice required: no after-hours/weekend refills.
4. Appointments: I must be seen frequently as determined by the provider to continue receiving prescriptions. Visits may include Telehealth but must include one-in-person encounter per year.
5. Lost/Stolen: Lost or stolen medication will not be replaced early.
6. Testing: I agree to random urine/blood testing and will complete on the day requested.
7. Legal: Illegal to misrepresent, obtain from multiple providers, sell, or misuse. Violations may be reported to law enforcement with records shared if necessary.
8. Discharge: May occur if I share/misuse medication, fail testing, have unauthorized/illegal drugs, obtain meds elsewhere without approval, act aggressively, or miss appointments.

I understand and agree to these terms and release Interactive Psychiatry and its staff from liability if I am discharged for noncompliance.

Patient/Guardian Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____