

Rebirth Health Center
2160 E 4500 S Ste 2
Holladay, UT 84117
Phn: (801)272-3909



Controlled Substance Agreement and Informed Consent

Opioids, Benzodiazepines, Stimulants for ADHD/ ADD, Modafinil, others:

Please Complete this form to indicate that you understand your responsibilities as a patient at Rebirth Health Center in Salt Lake City, UT, who is prescribed a controlled substance.

Signing this form indicated your understanding and agreement to the following guidelines.

I agree to do the following:

- I will receive controlled substances only prescribed by Dr. Rixt Luikenaar.
(Exemptions with permission from Dr. Luikenaar)
- I will complete formal drug screening (or show proof of testing) if requested by Rebirth Health Center.
- I will get records from my past medical professionals sent to Rebirth Health Center.
- I will only get my medication(s) from the pharmacy on file.
- I will tell Rebirth Health Center immediately if I need to change pharmacies, permanently or temporarily.
- I will ask for a refill at least three days before a refill is due, I know that my medication being filled may be delayed by the complication of a prior authorization needed by some insurance carriers.
- I will take my medication as directed, and only as directed and discussed.
- I will tell Rebirth Health Center if I received controlled substance medication or prescriptions from another medical professional. Such as a specialist, or from the emergency room.
- I will allow Rebirth Health Center to check my urine or blood to see what drugs I am taking.
- I will attend all my scheduled appointments, with both Dr. Luikenaar and other identified members of my care team, such as therapist, and be on time to all appointments. I will follow all office guidelines and procedures when at the office, as I will follow up all virtual guidelines when being seen via telehealth.
- I will call Rebirth Health Center 48 business hours in advance if I need to reschedule an appointment. If I no show without a **VALID EXCUSE**, I will pay a fee and this contract may be nullified and no further prescriptions written
- I will tell all of my other medical professionals that I have been prescribed and am currently taking this controlled substance.
- I will tell Rebirth Health Center about my medical history and current medical problems and will answer all questions they have truthfully
- I will allow Dr. Luikenaar to talk with my other healthcare professionals about my health or any concerns and will complete releases of information for medical records when requested.
- I will keep my medications in a safe place and keep it away from children, vulnerable adults and pets.

Rebirth Health Center
2160 E 4500 S Ste 2
Holladay, UT 84117
Phn: (801)272-3909



- I will take appropriate steps, including contacting law enforcement if appropriate, right away if my medication is lost, stolen, or goes missing.
- If I am pregnant currently or if I become pregnant, I will notify my provider immediately. I understand that use of controlled substances may increase the risk of harm to the fetus.

I agree that I will not do the following:

- I will not share, trade, or sell my medication with anyone.
- I will not use medications that have not been prescribed to me.
- I will not use drugs while taking this medication, including, but not limited to , cocaine and methamphetamines.
- I will not change how I take my medications without talking to Rebirth Health Center / Dr. Rixt Luikenaar.
- **I WILL NOT ASK REBIRTH HEALTH CENTER FOR EXTRA REFILLS IF MY MEDICATION IS LOST OR STOLEN, EVEN IF I OBTAIN A POLICE REPORT.** I will keep my medication safe and locked away from others. IF I feel suicidal I will temporarily hand my medications to a loved one I trust for safe keeping until I am safe.

I understand the following;

- A copy of this agreement may be given to my designated pharmacy.
- This medication is part of a larger treatment plan. Controlled substance medications will only be given to me if they can be used safely in conjunction with my treatment plan.
- When being prescribed a controlled substance for the first time. It is a test to see if it will help. Dr. Rixt Luikenaar will only continue to prescribe this medication to me if it continues to help.
- **DR. RIXT LUIKENAAR DECIDES WHEN AND IF I WILL BE GIVEN REFILLS OF A CONTROLLED SUBSTANCE.**
- My medication may require an in person or telehealth appointment to renew prescriptions.
- I understand that a delay in Rebirth Health Center receiving past records or results from testing may delay receiving my medication. It is **MY** responsibility to ensure that these records or results are received by the Rebirth Health Center.
- **IF I YELL AT, SWEAR AT, OR OTHERWISE HARRASS MY PROVIDER OR THE STAFF AT DR. RIXT LUIKENAAR'S OFFICE, I MAY BE DISMISSED AS A PATIENT.**
- If I choose to consume alcohol while taking my medication, I know there could be dangerous side effects. Including possible death.
- If I use a different name to receive medication or sell my medication, this may be reported to the police. My medication will be prescribed in my legal name.

Rebirth Health Center
2160 E 4500 S Ste 2
Holladay, UT 84117
Phn: (801)272-3909



- Dr. Rixt Luikenaar and my pharmacy may work together with the police to look into any misuse or sale of my prescription(s).

Failure to comply with the agreed upon terms may result in the cancellation of your prescribed controlled substance, dismissal as a patient, legal charges, or serious side effects from the medication.

By signing this form, you acknowledge that you have asked any relevant questions and that you understand that your provider will explain to you the potential side effects, as well as the risks, benefits, and other treatment options available to you.

Designated pharmacy (including street address):

Designee for medication pickup. _____

Name (Please print): _____

Date: _____

(A copy has been provided to the patient.)