



Boston University Student Health Services
Controlled Substance Contract

A provider at Boston University Student Health Services is prescribing a controlled substance for my health condition. The risks, benefits, side effects, and alternatives to the medication prescribed have been discussed with me. I am aware these medications can create a physical dependence that can lead to addiction, tolerance, and serious withdrawal syndromes. I understand I should consult with my doctor before using sedating medications in combination, and should not combine them with alcohol. I am aware that state and federal law regulate the prescription of these medications and that prescriptions for controlled substances filled at US pharmacies are monitored by state and federal agencies.

As a patient of Boston University Student Health Services being prescribed a controlled substances I agree to:

1. Meet with this provider regularly to assess my progress, at intervals designated by my provider.
2. Take the medication only as prescribed. I understand that SHS will not refill medication if:
 - a. The prescription is lost or stolen.
 - b. I use the medication inappropriately, including taking more than the amount prescribed.
 - c. I give or sell medications to others. ***Giving or selling your prescription medication to others is illegal and potentially dangerous.***
3. Request refills during regular weekday office hours with 2 business days notice. I understand that refills will not be provided on weekends, holidays, after regular office hours, or on a walk in basis.

I understand that my prescriber may discontinue prescribing this medication if I do not follow the terms of this agreement, and also that my prescriber will only continue prescribing the medication if he/she deems it clinically indicated to do so.

Print Patient Name: _____

BU ID#: _____

Patient signature: _____ Date: _____

Prescriber signature: _____ Date: _____