



Patient Medication Management Agreement for Treatment with Benzodiazepines

Patient: _____ MR#: _____

Provider: _____

Condition: _____

Medications:

1. _____

2. _____

3. _____

Goals for taking the medication:

I agree to the following guidelines:

1. Medication Use

I will take this medication exactly as prescribed by my provider. I will not vary the dosage or frequency without prior authorization. I understand that benzodiazepines are typically intended for short-term or carefully monitored long-term use, and that my provider may taper or discontinue the medication if it is no longer appropriate.

2. Drug Testing:

I will submit to random urine or blood tests to screen for substances. A positive test for illegal substances, alcohol, or controlled medications not prescribed by my provider may result in discontinuation of my medication and possible dismissal from the practice, along with a referral for substance use evaluation.

3. Prescribing Pharmacy:

I will obtain all benzodiazepine prescriptions through: _____

I will fill all prescriptions at: _____

If I receive a prescription in an acute emergency from another provider, I will notify my primary care provider within 48 hours.

4. Refill Policy:

I understand that early refills or replacement prescriptions for lost, stolen, or destroyed medication will not be provided. Refills will only be authorized during regular office hours. I will request refills at least 48 hours in advance.

5. Appointments and Counseling:

I agree to keep all scheduled appointments with my provider and any recommended behavioral health providers, such as therapists or psychologists. Missing three or more appointments or canceling on the same day may result in dismissal from the practice.

6. Treatment Compliance:

I agree to comply with my full treatment plan, which may include counseling, behavioral therapy, or other modalities aimed at addressing underlying anxiety, insomnia, or other conditions. Failure to engage in recommended treatments may result in discontinuation of medication and referral to another provider or program.

7. Functional Goals:

Benzodiazepine treatment is intended to support improved function and symptom management, not complete symptom elimination. Ongoing use will be assessed based on whether the medication is helping me meet the agreed-upon treatment goals. Lack of improvement, worsening of symptoms, or problematic patterns (such as over-reliance on medication without engaging in therapy) may result in medication tapering or discontinuation.

8. Risks and Precautions:

Benzodiazepines can cause sedation, dizziness, confusion, memory impairment, and increase the risk of falls, especially in older adults. Combining benzodiazepines with alcohol, opioids, or other sedatives greatly increases the risk of overdose and death. Use caution when driving or operating machinery. These medications may also cause physical dependence. Suddenly stopping benzodiazepines can result in serious withdrawal symptoms, including anxiety, tremors, and seizures. I agree not to stop this medication without medical supervision. Tolerance can develop over time, reducing the medication's effectiveness. Continued use will be evaluated regularly to ensure safety and effectiveness.

9. Communication and Consent:

I have discussed the risks, benefits, and alternatives to benzodiazepine treatment with my provider. I have had the opportunity to ask questions and understand the information provided.

10. Noncompliance and Dismissal:

If I do not follow these guidelines, my provider may taper and discontinue benzodiazepine treatment and may also dismiss me from the practice.

I give permission to my provider to contact my other healthcare providers, for the purpose of sharing information concerning my situation, as is deemed necessary for coordinated, high quality care.

Patient Signature: _____ Date: _____

A copy of this document has been given to me.

Provider Signature: _____ Date: _____