

Schwieters Medical, PLLC
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PATIENT TREATMENT CONTRACT

Printed Name

Date of Birth

I have agreed to be treated with a controlled substance. I understand I must adhere to the following policies while being treated and that by signing below I am entering into a legally binding contract that remains in effect for the duration of my treatment:

1. I agree to conduct myself in a courteous manner in the doctor's office and to not cause any upsets.
2. I agree not to sell, share, or give any medication to another person. I understand that such illegal mishandling of my medication is a serious violation of this contract and would result in my treatment being terminated without any recourse for appeal.
3. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office or premises. If I do, this will result in automatic termination of treatment without any recourse for appeal.
4. I understand that if dealing, stealing, illegal or disruptive activities are observed or suspected by employees of the pharmacy where I fill my medication it will be reported to my physician and could result in my treatment being terminated without any recourse for appeal.
5. I agree that my medication/prescription can only be given to me at my regular office visits. A missed appointment could result in my not being able to get my medication/prescription until the next scheduled visit. Two missed appointments or late cancellations (less than 24 business hours) may result in automatic termination of care without any recourse for appeal.
6. I agree to keep my medication in a safe and secure place. I agree that lost medication will not be replaced regardless of why it was lost. There will never be a replacement prescription given.

7. I agree not to obtain medication(s) from any doctors, pharmacies, or other sources without telling my treating physician.
8. I agree to take my medication as prescribed. I will not change it in any way. The dose, directions and quantity I take can only be changed by the prescribing physician and I must speak to and get authorization from my physician before any change occurs.
9. At any time, my doctor may request I bring my medication to my appointment for a pill count.
10. I will protect my prescription(s) and medication(s) from theft or damage. If lost, a police report must be filed and a copy forwarded to Schwieters Medical, PLLC.
11. I agree to random drug testing. The drug testing may be initiated by my doctor at any time for any reason. I agree that care may be terminated without any recourse for appeal in the event of a failed drug test. A failed drug test is defined as:
 1. Urine/saliva test that is positive or positive inconsistent for any illegal or controlled substance.
 2. Urine/saliva test negative for prescribed medication(s).
12. I understand that medication alone is not sufficient to treat my condition and I agree to comply in the treatment plan defined by my doctor. Failure to do so may result in termination of care without any recourse for appeal.
13. I agree that at any time the patient/doctor relationship can be terminated for any reason and that I would need to find another provider.
14. I agree to inform my doctor of any medical or dental procedures before they are performed.
15. I will schedule my next appointment at the end of my current session. If future appointments are not scheduled and you need future refills, your prescription will not be filled. _____ Initial

I have read and agree to the above statements.

Patient Signature

Date