

Gia Swope, FNP

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Prescription Agreement

The purpose of this agreement is to protect your access to prescription medications and to protect our ability to prescribe them for you.

1. All prescriptions must come from the provider whose signature appears on the last page (provider signature) or, during her absence, by the covering provider, unless specific authorization is obtained for an exception. (Multiple prescription sources can lead to untoward drug interactions or poor coordination of treatment.)
2. All prescriptions should be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, please inform our office.
3. The prescribing provider has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability/continuity of care.
4. You must take the prescribed medications ONLY at the dose and frequency prescribed. You may NOT increase or change medications without the approval of this provider.
5. You are expected to inform our office of **ALL** medications you are currently taking and medical conditions that you may have, and of any adverse effects you experience from any of the medications that you take.
6. You may not share, sell, or otherwise permit others to have access to these medications.
7. Under no circumstances should you combine alcohol or other recreational drugs with the use of controlled prescription medications: **serious harm or death may result.**
8. You should be aware of potential side effects of opioids, benzodiazepines, and sedatives such as decreased reaction time, clouded judgment, drowsiness, tolerance, and physical dependence. Also, you should know about the possible danger associated with the use of opioids, benzodiazepines, and sedatives while operating any equipment or driving.
9. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
10. If Gia Swope, FNP refers you to another clinic or specialist, it will be YOUR responsibility to secure that appointment. Although we will assist as much as possible, failure to obtain another clinic or specialist appointment within 30 days from the date you are informed that Gia Swope FNP is planning to refer you to another clinic or specialist may result in the cessation of future prescriptions from this office.
11. Medications will not be refilled outside of normal business hours. Please DO NOT phone for prescriptions after hours or on weekends with the expectation of them being filled promptly. If you have a sudden worsening of symptoms, you will be directed to visit the nearest emergency room outside of normal business hours.
12. Medications may not be replaced if they are lost, get wet, are destroyed, or left on an airplane, etc. If you medication has been stolen and you complete a police report regarding the theft, an exception **may** be made.

PLEASE SIGN BELOW TO VERIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT YOU AGREE TO THE TERMS OF THE PRESCRIPTION AGREEMENT.

Signature

(if the patient is unable to sign, the parent/guardian/power of attorney may sign here instead)

Date