

CONTROLLED SUBSTANCE AGREEMENT

Rivkin Addiction Medicine, PLLC

Aaron Rivkin, MD • 19100 Goddard Road, Suite 1, Allen Park, MI 48101

Patient Name	_____
Date of Birth	_____
Date of Agreement	_____
Prescribing Physician	Aaron Rivkin, MD
Effective Date	July 1, 2026
Medications Covered	Buprenorphine-containing products and other controlled substances as prescribed

This agreement is not a punishment or a sign of distrust. It is a standard part of addiction medicine care that protects your health and safety, ensures you receive the best possible treatment, and helps your provider understand how your medications are working. Please read this agreement carefully, ask any questions you have, and sign below to confirm your understanding.

1. Purpose of This Agreement

Controlled substances, including buprenorphine-based medications, are an important and evidence-based part of treatment for opioid use disorder and other substance use disorders. Because these medications have potential for misuse, diversion, and drug interactions, Rivkin Addiction Medicine, PLLC uses this Controlled Substance Agreement to establish clear expectations for treatment. This agreement is required for all patients receiving controlled substance prescriptions from this practice.

2. Patient Responsibilities

2.1 Honest Disclosure

- I will be honest with my provider about all medications I take, including over-the-counter medications, supplements, and controlled substances prescribed by other providers.
- I will disclose any history of substance use, current substance use, or changes in my substance use to my provider at each visit.
- I understand that dishonesty about my substance use or medications may affect my treatment plan and safety.

2.2 Urine Drug Screening (UDS)

Urine drug screening is a standard and important part of addiction medicine treatment. It helps your provider understand how your medications are working and ensure your safety.

- I agree to provide urine samples for drug testing when requested by my provider or clinical staff, at scheduled visits and randomly throughout treatment.
- Random UDS may be requested at any visit without prior notice. Refusal to provide a sample when requested will be documented and may affect my treatment plan.
- For in-person visits, UDS will be collected at the office at the time of the visit when requested.
- For telehealth visits, I agree to complete UDS when requested by my provider. Office collection is preferred. If I am unable to come to the office, I must contact the practice to coordinate a lab order before going to an outside collection site. UDS completed without a coordinated order will not be accepted.

- I understand that UDS results are used clinically — a positive result for illicit substances or an unexpected result will be discussed with me and documented. It is not automatic grounds for changes to my treatment. My provider will use clinical judgment to assess results and adjust my treatment plan accordingly.
- I understand that UDS results may be used to verify my use of prescribed medications. An absent buprenorphine result may indicate diversion and will be discussed with my provider.
- I understand that UDS results are part of my medical record and are protected under both HIPAA and 42 CFR Part 2.

2.3 MAPS (Michigan Automated Prescription System)

Michigan law requires my provider to check the MAPS prescription monitoring database before prescribing controlled substances. I understand that:

- My provider will check MAPS at each prescribing visit and at any time deemed clinically necessary.
- MAPS allows my provider to review my controlled substance prescription history across all prescribers in Michigan.
- I agree not to obtain controlled substances from multiple providers without disclosing this to my provider.

2.4 Prescription Rules

- I will fill my prescriptions at a single, consistent pharmacy whenever possible. If I need to use a different pharmacy, I must notify the practice before the prescription is submitted.
- I will not request early refills. Early refills will not be provided without a scheduled appointment and are granted only at the physician's discretion based on clinical circumstances.
- I understand that lost, stolen, or destroyed medications may not be replaced early. I am responsible for safeguarding my medications.
- I will take my medications only as prescribed. I will not take more than prescribed, take them in ways other than prescribed, or share or sell my medications.
- If I am prescribed controlled substances by another provider for a legitimate medical reason (e.g., surgery, dental procedure, injury), I agree to disclose this to my provider at Rivkin Addiction Medicine as soon as possible. Outside controlled substance prescriptions are permitted but must be disclosed and taken only for their intended legitimate medical purpose.
- I will not obtain controlled substances from any illicit source, including street sources, friends, family, or unregistered online sources.

2.5 Appointments

- I agree to keep all scheduled appointments. Missing appointments may result in a delay or interruption in my prescription.
- If I need to cancel or reschedule, I will contact the office in advance.
- I understand that telehealth visits are available and subject to the same requirements as in-person visits.

2.6 Safe Storage and Disposal

- I will store my medications in a secure location, out of reach of children, others in my household, and visitors.
- I will dispose of unused medications safely, using a medication take-back program or FDA-approved disposal method.

3. Provider Responsibilities

Rivkin Addiction Medicine, PLLC agrees to:

- Provide evidence-based addiction medicine care with respect, compassion, and without judgment
- Prescribe controlled substances only when clinically indicated and in your best interest
- Review UDS results with you and discuss any unexpected findings before drawing conclusions

- Use clinical judgment, not automatic changes to treatment, when evaluating positive UDS results or other treatment challenges
- Maintain the confidentiality of your medical records, including your substance use disorder treatment records, in accordance with HIPAA and 42 CFR Part 2
- Work with you collaboratively if circumstances change and your treatment plan needs adjustment

4. Circumstances That May Affect Your Treatment

The following situations will be documented and may lead to a change in your treatment plan, increased monitoring, or referral to a higher level of care. Your provider will always use clinical judgment and discuss these situations with you:

- Repeated positive UDS results for illicit substances, particularly when treatment goals are not being met
- Evidence of medication diversion (e.g., consistently absent buprenorphine on UDS)
- Obtaining controlled substances from multiple providers without disclosure, as identified through MAPS review or patient report
- Threatening, abusive, or disruptive behavior toward staff or other patients
- Repeated early refill requests without clinical justification
- Consistent failure to attend scheduled appointments

If your treatment at this practice needs to change significantly, your provider will make reasonable efforts to assist with referrals to appropriate care and ensure continuity of treatment.

5. Understanding and Acknowledgment

I have read this Controlled Substance Agreement, or it has been read to me, and I have had the opportunity to ask questions. I understand the terms of this agreement and agree to comply with them. I understand that this agreement may be updated and that I may be asked to sign a new agreement if significant changes are made.

<p>Patient Signature</p> <p>X _____</p> <p>Printed Name: _____</p> <p>Date: _____</p>	<p>Physician Signature (Pre-signed)</p> <p>X _____</p> <p>Aaron Rivkin, MD</p>
<p>Guardian / Legal Representative (if applicable)</p> <p>Signature: _____ Relationship: _____ Date: _____</p>	
<p>If patient was unable to sign, document reason:</p> <p>Reason: _____ Staff Initials: _____</p>	