Luminox Healthcare Services, LLC
Benzodiazepine, Stimulant, and Hypnotic Medication Agreement

Purpose:
This agreement outlines the responsibilities of both the patient and the prescribing provider when controlled substances, such as benzodiazepines, stimulants, and/or hypnotics, are prescribed as part of a treatment plan. These medications have a high potential for misuse, dependence, and serious side effects. The goal is to ensure safe, legal, and effective use.

1. Medication Purpose & Risks
I understand that benzodiazepines, stimulants, and hypnotics are prescribed only when medically necessary and as part of a comprehensive treatment plan. I have been informed of:

- The risks of dependence, tolerance, withdrawal, overdose, and possible impairment in judgment or coordination.
- The importance of following the prescribed dosage and schedule.
- The dangers of combining these medications with alcohol, opioids, or other sedatives.

2. Patient Responsibilities
By signing this agreement, I agree to:

- Use my medication only as prescribed—no early refills, dose changes, or sharing with others.
- Fill prescriptions at one pharmacy (except in emergencies) and notify Luminox Healthcare Services, LLC of the chosen pharmacy.
- Attend all scheduled appointments for ongoing evaluation.
- Participate in recommended therapy, labs, and/or urine drug screenings as part of my treatment plan.
- Inform all healthcare providers that I am taking controlled substances.
- Keep medications safe and secure; lost or stolen medication will generally not be replaced.
- Avoid obtaining controlled substances from other providers without informing Luminox Healthcare Services, LLC.

3. Monitoring & Compliance
I understand that:

- My provider may require random urine drug testing to confirm appropriate use.
- My prescription history may be monitored through the state Prescription Drug Monitoring Program (PDMP).
- Prescriptions may be reduced, tapered, or discontinued if there are concerns of misuse, side effects, or lack of benefit.
- If I violate this agreement, my provider may stop prescribing controlled medications.

4. Emergencies & Safety

- I will not drive or operate heavy machinery if I feel impaired by my medication.
- I will seek immediate medical attention for symptoms such as extreme drowsiness, confusion, breathing difficulty, chest pain, or palpitations.

5. Consent & Acknowledgement
I have read and understand this agreement. I have had the opportunity to ask questions, and my questions have been answered. I agree to follow these rules to continue receiving benzodiazepines, stimulants, or hypnotics from Luminox Healthcare Services, LLC.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____