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PSYCHIATRY

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PUBLIC POLICY

Controlled Medication Agreement

Prescribing, monitoring, and continuity

Controlled medications require an individualized assessment, ongoing monitoring, and a shared treatment plan. This agreement explains the practice's process. It does not guarantee a prescription or replace medication-specific counseling.

Shared treatment plan

We will discuss the medication's purpose, expected benefits, important risks, reasonable alternatives, and monitoring. Take medication only as prescribed. Do not share, sell, or change the dose on your own. Store it securely and tell the clinician about side effects, reduced benefit, other prescriptions, alcohol or other substance use, and relevant health changes. Follow agreed monitoring, which may include symptom review, vital signs, laboratory testing, or toxicology when clinically indicated.

Follow-up and supply

The practice generally prescribes no more than a 30-day supply of a controlled medication at a time. Schedule the next monthly follow-up before the current supply runs out. The clinician reviews whether continued prescribing is appropriate and legally permitted. In an understandable, unusual circumstance, a one-time supply of a few days may be considered after clinical review; it is not guaranteed and will not be repeatedly extended instead of a needed visit.

Coordination and prescription monitoring

Jeffrey Panko coordinates psychiatric controlled-medication prescribing for patients receiving that care here. Promptly disclose controlled prescriptions from any other clinician and discuss coordination. The practice reviews New York's Prescription Monitoring Program when required and as clinically appropriate. That database is one part of monitoring, not the entire assessment. You are not required to use a single pharmacy, but tell the practice when a prescription needs to be directed elsewhere.

Early requests, loss, theft, and shortages

Early prescriptions and replacement of lost, stolen, or damaged medication are not routinely provided. Contact the practice promptly so circumstances and safety risks can be assessed. For theft, the practice may request a police report to support review; a report does not guarantee replacement. Repeated events may prompt a treatment review and additional monitoring. Any replacement, limited supply, taper, or referral depends on clinical judgment, law, and pharmacy requirements.

If your pharmacy is out of stock, contact pharmacies to locate availability, then tell the practice the proposed pharmacy and remaining supply. The clinician must confirm the status of the original prescription before redirecting it when needed. Do not submit duplicate requests to several prescribers.

Benzodiazepines and changes in treatment

When benzodiazepines are used in this practice, they are generally intended for short-term use. Someone already taking them regularly needs an individualized assessment and a safe transition plan. Do not abruptly stop a medication that may cause withdrawal without discussing a plan. Declining or changing a prescription does not remove the need to address immediate clinical risk.

Visits and safe care

At launch, telehealth patients must be physically in New York. Prescribing must satisfy the requirements in effect for the individual visit. The practice does not add a routine in-person requirement beyond applicable law or clinical need. If the treatment arrangement is no longer appropriate, we will discuss alternatives and transition needs.