

GIA SWOPE F.N.P.

13967 W Wainwright Dr STE 103 Boise ID 83713 PH 208-514-1630 Fax 208-209-7196
info@giaswope.com

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 any and 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 Ms. Gia Swope F.N.P. refers you to another clinic or specialist, it will be your responsibility to secure an 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 Ms. Gia Swope F.N.P. 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. 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 your medication has been stolen and you complete a police report regarding the theft, an exception **may** be made.

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13. All medication refills, to include controlled substance refills, **will be normally completed within 2 business days.** The office staff is not able to give you your prescription unless Ms. Gia Swope F.N.P. has authorized and signed your prescription. We are not open on Saturday, Sunday, or Tuesday. Additionally, **do not walk into our office with the expectation of having your prescription refilled while you wait.**
14. Renewal/Refills are contingent on keeping scheduled appointments. Failure to keep scheduled appointments may result in cessation of prescriptions from this office.
15. Early refills will generally not be given, however, prescriptions may be issued early if the provider or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.
16. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
17. It is understood that failure to adhere to these policies may result in cessation of prescriptions from this provider and/or referral for further specialty assessment.
18. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

Provider Signature: _____ Date _____

Patient Signature: _____ Date _____

Patient Name (Printed): _____

Recommendations to manage your medications:

1. Keep a diary of the symptoms medications you are taking, the medication dose, time of day you are taking them, their effectiveness and side effects you may be having.
2. Use of a medication box that you can purchase at your pharmacy that is already divided into the days of the week and times of the day so it is easier to remember when to take your medications.
3. Take along only the amount of medicine you need when leaving home so there is less risk of losing all you medications at the same time.