

<Insert Company Letterhead>

## Medication Policy Agreement

Acceptable and properly prescribed medication, like MAT prescriptions are permitted on the premise of <Recovery Residence Name>. <Recovery Residence Name> is not a medical facility and in accordance with the State of California regulations will not administer any medication to residents of <Recovery Residence Name>. All residents are responsible for the proper storage and self- administration of their own medication(s).

While clients will be responsible for self-administration they agree to the below stipulations in order to remain in compliance with <Recovery Residence Name>'s medication policy. By initialing each stipulation and signing at the bottom of the agreement the resident is acknowledging that they have read and understood the medication policy and agree to comply with all the terms in order to remain as a resident of <Recovery Resident Name>:

### Resident Initials

- \_\_\_ All prescription medications are to be in their original containers as obtained from the pharmacy with the prescribing medical professional identified on the container
- \_\_\_ Dates of the medication are to be current and prescription is not to be expired
- \_\_\_ All medications are to be accurately and correctly listed on intake form
- \_\_\_ Medication(s) are to be taken only as prescribed
- \_\_\_ Residents are responsible for the proper storage of their medication and must demonstrate that medications are kept in an appropriately locked container stored away from any visible surfaces
- \_\_\_ Medication is to be locked away at all times excluding when it is time for self-administration, it is expected the resident immediately return medication to locked container following self-administration
- \_\_\_ Resident agrees to notify staff of any new or refilled prescriptions within 48 hours in order to maintain accuracy of resident file
- \_\_\_ Medication is not to be shared or misused/abused in any way
- \_\_\_ All medications are subject to random search and resident agrees to comply with any necessary searches (i.e providing access to container, etc.)

By signing below I, <Resident Name in Print> acknowledge that I have read and agree with the aforementioned terms of the <Recovery Residence Name> medication policy. And I understand that any violation of the above terms is cause for removal from the property.

Resident Signature: \_\_\_\_\_