



South Street Health Services Family Health and Psychiatry NPS PLLC
David Julien, DNP, FNP-C
Sheryl Campbell-Julien, DNP, PMHNP-BC
12 South Street
Lockport, NY 14094
Phone 716-727-0099

Please keep this sheet for your records

Control Substance Policy

New York State has been plagued with alarming increases in overdose and death as a result of the overuse of controlled substances. According to the New York State Opioid Annual Report 2019, death from opioid poisoning is a national issue with a 200 percent increase in the number of opioid overdose deaths in NYS between 2010 and 2017. The report also stated that “The opioid epidemic is an unprecedented crisis. Besides the dramatic increase in the number of deaths identified in the past few years, this epidemic has devastated the lives of those with opioid use disorders (OUDs), along with their families and friends”.

As a result, South Street Health Services Family Health and Psychiatry NPS PLLC has adopted a very humane and compassionate process for use of controlled substances consistent with NYS Law and evidence-based guidelines.

Patients under the care of South Street Health Services will NOT be routinely prescribed narcotic, benzodiazepines (Ativan, Valium, Xanax, etc...) and other controlled substances.

Patient presenting to the practice with verified prescriptions in the past 30 days will be given appropriate education and such medications will be tapered safely.

Patient requiring long term use of pain medications will be referred to pain management specialist.

All patients who receive controlled substances from South Street Health Services will be subject to supervised, random drug toxicology screens and monthly face to face evaluations.

Any controlled substances reported to be stolen or lost, will require an accompanying police report of the incident before a new prescription is written and the patient will be required to be evaluated by the provider in the office for further education. **IF A NOTICEABLE PATTERN OF LOST OR STOLEN CONTROLLED SUBSTANCES IS IDENTIFIED, SUCH MEDICATIONS WILL BE SAFELY DISCONTINUED.**

I, _____ have read, understood the above information and agree to this practice at South Street Health Services Family Health and Psychiatry NPS PLLC.

Signature of Patient

Date