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Medication Use Improvement Committee**  
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Behavioral Health Services

## **Sedative-Hypnotic Agreement**

### Examples of Sedative-Hypnotics:

Lorazepam (Ativan)	Zaleplon (Sonata)
Clonazepam (Klonopin)	Temazepam (Restoril)
Diazepam (Valium)	Chlordiazepoxide (Librium)
Alprazolam (Xanax)	
Zolpidem (Ambien)	

### **Purpose:**

To describe what I can expect from my provider and what my provider expects of me in order to be more safely prescribed a sedative-hypnotic.

### **Potential risks:**

These medications carry serious risks that include, but are not limited to:

- Potentially lethal interaction with alcohol and drugs
- Sedation
- Loss or decrease of behavioral control
- Worsening depression
- Worsening memory and/or difficulty thinking clearly
- Worsening of a sleep disorder, especially sleep apnea
- Rebound anxiety and panic attacks
- Falls
- Serious withdrawal that can include seizures and death
- Addiction

**My responsibilities:**

- I agree to come to my regularly scheduled appointments
- I understand that if I run out of medications early for any reason, these may not be refilled early.  
*(Examples: lost medications, stolen medications, taking more than prescribed)*
- I agree to store my medications in a safe place, away from children.
- I agree to receive sedative-hypnotic medications only from this clinic.
- I will notify my provider immediately if I am prescribed any new medications or develop any new medical conditions. I understand that my prescriber has access to all pharmacy records and this may be regularly reviewed.
- I understand that I may be required to do a drug test at any time.
- I agree to allow all of my providers to communicate with each other including my methadone provider (if applicable).

**My provider’s responsibilities:**

- Assess my symptoms
- Create/monitor an appropriate treatment plan that is as safe as possible
- Give clear instructions on taking this medication
- Stop the medication if at some point the risks outweigh the benefits
- Offer additional clinician support, such as counseling or education, for treatment of my anxiety and/or sleep issues, as applicable

<p><b>Medication Instructions:</b></p> <p>You are prescribed the following: _____</p> <p>This medication is intended for short-term use only</p> <p>Take this medication as directed</p> <p>Avoid alcohol and narcotics (for example, Norco, Vicodin, Percocet, Morphine) while using this medication to avoid potentially life-threatening interactions.</p>
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I understand that if I do not follow this agreement, this medication may be stopped.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_