

AFTER HOURS CONTACT AGREEMENT

Normal office hours are between 8 AM and 5 PM, Monday thru Thursday, and Friday 8AM until Noon. For non-urgent requests, please leave a message at my office voice mail: 303-674-6074.

If you need to contact me at any other time because of an urgent problem or concern that cannot wait until regular business hours, call my emergency cell phone at 720-545-2831. You will either reach me directly or leave a message and I will return your call. Note that my phone number is blocked, so if your phone service does not accept calls from blocked telephone numbers, I will not be able to get through to you. To cancel Anonymous Call Rejection, lift the handset, dial *87, and replace the handset. (To resume Anonymous Call Rejection, after I have returned your call, lift the handset, dial *77, and replace the handset.)

I ask that you limit your use of my emergency cell phone to critical situations or occasions in which we have made prior arrangements for you to reach me by this method. Generally if you are calling me on my cell phone it is because we need to decide if you must be hospitalized.

On weekends and during vacations, I often have other psychiatric providers covering for me. These providers are typically not certified to prescribe Suboxone®, and therefore cannot refill your prescription for this medication, even on a short term basis. Additionally, covering physicians will not refill prescriptions for scheduled medications (those medications requiring a DEA license to prescribe and that may have abuse or dependence potential.) It is **your responsibility to manage your medication supply in such a way that you do not run out, lose, or otherwise misplace your medication.** Should this occur, you may be faced with enduring withdrawal in the event you are physiologically dependent upon the medication in question until I am back in the office and available. In the event of life threatening withdrawal from medication occurring after hours, you will need to be seen at your nearest hospital emergency room or urgent care center for direct, face-to-face physician evaluation. I must be informed by you of any such emergency treatment following the provision of that care.

If this is an emergency situation, please call 911 first, and contact me second.

Patient Signature

Date