



## **Medication Rights and Responsibilities**

- Triangle Neuropsychiatry will educate me regarding any medication that has been prescribed to the patient
- I consent to the administration of the prescribed medication while under the care of Triangle Neuropsychiatry
- I will be informed of the purpose for which a medication is prescribed as well as the most common side effects of this medication
- I am responsible for checking with the pharmacist about additional drug interactions and side effects regarding any medications prescribed
- I agree to tell Triangle Neuropsychiatry about any medications currently being taken (including prescription and over-the-counter), food and drug allergies, and all medical conditions
- I will keep my primary care physician advised about the medications being prescribed at this office
- I am aware I can receive a package insert and written materials about the medications
- I am aware that there are web sites with information about individual medication benefits and adverse effects
- If there is any chance of pregnancy, I will discuss this with Triangle Neuropsychiatry before taking any medication
- If becoming pregnant after starting a prescribed medication, I will notify Triangle Neuropsychiatry immediately
- If I am breast feeding, or should start breast feeding, I will discuss this with Triangle Neuropsychiatry before taking any medication or starting any new medications