

**PSYCHIATRIC HEALTH & WELLNESS, LLC  
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**TELEMEDICINE AND PRESCRIBING**

**Dear Health Care Provider,**

The following patient is currently seeking new patient services at Psychiatric Health & Wellness that will be conducted via Telemedicine.

Under the new Telemedicine law health care providers may prescribe controlled substances via Telemedicine without an in-person exam if the following conditions are met:

- A The prescription is not for an opioid (no opioids will be prescribed from this office)
- B The prescriber maintains a valid controlled substance registration
- C The prescriber meets the conditions set forth in the federal Ryan Haight Act
- D The patient has been examined *in person* by a licensed health care provider and the health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient
- E The prescriber has reviewed and approved that treatment plan and is prescribing for the patient pursuant of that treatment plan
- F The prescriber complies with the INSPECT prescription drug monitoring program
- G The prescription for a controlled substance is prescribed and dispensed in accordance with state law.

While some states removed its prior blanket ban on Telemedicine of prescribing controlled substances, it still requires a patient to undergo an *in-person* exam conducted by a licensed health care provider, although not necessarily by the prescriber himself/herself.

NOTE: Common controlled substances prescribed from this office are Schedule 2 drugs for ADHD/ADD (Vyvanse, Adderall) and Schedule 4 drugs (Klonopin, Xanax) and are closely monitored. Every patient is required to sign a medication agreement and is subject to random drug testing.

**I certify I have conducted an in-person exam on the following patient (please print clearly):**

\_\_\_\_\_  
Patient First Name      Middle Initial                      Last Name                      Date of Exam

Physician/Nurse Practitioner (Print) : \_\_\_\_\_

Physician/Nurse Practitioner (Signature): \_\_\_\_\_

Office Address (city, state & zip code): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ State License number: \_\_\_\_\_

**\*\*(Please fax a brief treatment plan and H&P to 219-315-0255)**

*Thank You*