

**CLINTON COUNTY COMMON PLEAS COURT  
You-Turn Recovery Docket**

**Prescription Medication Policy**

If a doctor intends to prescribe any type of medication for a participant, it is the responsibility of the participant to tell his/her doctor that they are in recovery and receive random drug tests as part of their participation in the drug docket. A sample letter notifying your doctor of your recovery program and the doctor's acknowledgment you have complied is attached.

If a doctor believes that it is necessary to prescribe medication such as narcotic pain medication or any other medication that will yield a positive urine screen, the physician must submit a letter to your supervision officer stating that he/she is aware of your status as a recovering addict and the need for this medication outweighs the risks. You **MUST** have a letter **PRIOR** to taking any medication that will cause a positive screen. If you test positive and do not have a letter from your doctor, you will be sanctioned immediately.

In the event you need emergency care, all emergency room orders and discharge information will be made available to your supervising officer for the docket, no more than seven days upon release from the hospital and all prescriptions will have to be cleared by a primary care physician to continue taking the medications without sanctions. A pattern of visits to the emergency room for ailments that require opiate treatment may be brought back before the court at the discretion of the supervision officer.

You must bring all of your prescriptions in the original bottle to your appointment with your supervision officer as directed.

I have read or had this read to me and I understand the Prescription Medication Policy:

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Sample letter for physician follows.)*

Dear Physician:

I am a participant in the You-Turn Recovery Docket of Clinton County Common Pleas Court. As a result, I am subject to frequent and random drug testing.

As I am in recovery, I would respectfully request that you take this into consideration and offer non-narcotic medications, if possible, if drugs are necessary for my medical treatment.

If the need for this type of medication outweighs the risk, please sign below and list the names of the medications you prescribed so that I can share this information with my supervision officer.

Thank you.

Physician Name (Printed) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Medication prescribed today: \_\_\_\_\_