



## ADD/ADHD Treatment Agreement

Medications for the treatment of ADD/ADHD are controlled substances, and are regulated by the State and Federal Law. The purpose of this agreement is to be certain that long-term controlled substances are prescribed in the safest, most effective manner in compliance with current law. Utilization of controlled substances may be medically useful but, if used inappropriately, carries risks. You must understand and agree to the following terms in order for us to enter into a prescribing relationship.

Treatment of ADD/ADHD will be according to the following guidelines:

- Psychological testing has been completed to establish the ADD/ADHD diagnosis and a **mental health professional** has initiated medication treatment.
- We will not initiate ADD/ADHD medication. Only refill current treatment.
- A copy of your prior psychological testing report and supporting documentation from a licensed psychologist or psychiatrist must be on file.

I am aware that...

- I will use my medication as prescribed and not adjust the dosage on my own.
- I will be required to make a monthly appointment at MJHW for medication refills.
- Stimulant medications for ADHD can be obtained only through written prescription. Prescription renewals are for a one month or, in limited circumstances, three-month supply only.
- I will have to make an appointment to get my ADD/ADHD prescription.
- Prescriptions will NOT be written before 25 days from the last appointment date.
- Prescriptions will only be given at my appointment time and will not be called in for any reason.
- I need to keep the medicine safe, secure and out of the reach of children. If the medicine is lost or stolen, I understand it will not be replaced until my next appointment, and may not be replaced at all. Not even with a police report.
- I will be required to have random drug screens.
- I understand that if I refuse a random drug screen or my results are inconsistent with prescriptions prescribed or if I am positive for any illegal controlled substances my provider will terminate any further prescription management of ADD/ADHD.
- MJHW will review Tennessee Prescription Monitoring program on all controlled medications dispensed to me.
- If I am pregnant or intend to get pregnant, I am required to notify MJHW immediately to discuss tapering off stimulants that could potentially harm my unborn child.
- I agree that my prescriptions for ADD/ADHD can only be received from MJHW.

I acknowledge that if I am unwilling to follow or break any part of this agreement MJHW will be unable to manage my ADD/ADHD medications.

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Print Patient Name

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Signature

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Date

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Psychiatry Eval Scanned

CSMD Printed

NP Reviewed \_\_\_\_\_