

The George Washington University Student Health Service (GWU SHS) Psycho-stimulant Medication Contract

I have been prescribed a psycho-stimulant medication for the treatment of ADHD/ADD or other condition. When appropriately prescribed, they are generally safe when used as directed. I understand these medications are **controlled substances** and are tightly regulated by state and federal law because of a high risk for abuse. Therefore, the prescription must be written (not phoned or faxed) and can be for only a one month's supply at a time.

I understand that it is a **FELONY** to obtain these medications by fraudulent means, to possess these medications without a legitimate prescription, and to give or sell these medications to others for *any* reason.

I agree that my original prescribing clinician may be notified that my prescriptions are now going to be written by the GWU SHS medical staff. I also agree that my original prescribing clinician may disclose to GWU SHS when prescriptions have been written for me in his or her office. I will not seek to have duplicate prescriptions written for me for the same or similar medication. Prescriptions will be written by only one regular GWU SHS prescriber, except for a pre-arranged and designated alternate prescriber such as during my regular prescriber's extended absence or while I am away from GWU.

I acknowledge that violation of the GWU SHS policies concerning controlled substances will result in termination of my prescription for those substances and may result in judicial sanctions from the university. I understand that my clinician and my pharmacy will cooperate fully with any city, state, or federal law enforcement or regulatory agency in the event of any possible misuse, sale, or other diversion of my medication or alteration of my prescription.

GWU SHS has a **one time replacement policy**. If a prescription is lost, stolen, or damaged, or the medication itself is misplaced, the prescription will not be rewritten unless one has a crime report from George Washington University Police Department. After the first time a prescription or medication is lost, stolen, or damaged, the prescription will not be rewritten before the 25 day renewal period. I acknowledge that I am responsible for protecting my written prescription and my medications from being lost or misused by other persons. I acknowledge that it is both illegal and potentially very dangerous to share or sell prescription medications with another person. It is recommended that medications be locked in a personal safe and not placed in medication cabinets.

I acknowledge that my clinician may require a drug screening test before she or he provides a new prescription for the psycho-stimulant medication and I pledge to be cooperative with this screening. While this screening is voluntary and confidential, refusal may result in loss of ADHD prescription privileges. I understand that I am responsible for fees associated with obtaining a drug screen.

I agree to refrain from using any non-prescribed psychotropic medications or illegal substances while under treatment at GWU SHS. If there is any question of inappropriate drug use, my doctor may refer me for assessment and treatment for addictive disorders. Failure to follow through with these referrals will be considered a violation of this contract and may result in loss of ADHD prescription privileges.

Prescription renewal will be provided only during a scheduled appointment and not on a walk-in basis. Appointments should be scheduled at least 3 days in advance. Missing appointments will result in the loss of ADHD prescription privileges. Prescriptions will not be renewed earlier than 25 days from the previous prescription date – **no exceptions**

I will communicate fully and on a timely basis with my clinician about the intensity of my symptoms, their effects on my daily life, the effectiveness of the medication in relieving my symptoms, and any significant side effects that occur. This includes keeping scheduled appointments with my designated clinician. I understand that evidence of improved functioning is a requirement of continued treatment. If I am unable to tolerate any controlled medication or it is ineffective, I will bring in any unused medication to my clinician for proper disposal.

All of my medications, in the original containers, will be brought to each office visit to be available for pill counts. Not bringing my medications to appointments may result in a delay in new prescriptions.

I understand that if I break this agreement, my clinician will stop prescribing the medication(s) with the option to taper off the medication to avoid withdrawal symptoms, if this is necessary. I also understand that a drug dependence treatment program may be recommended. I agree to follow these guidelines. They have been fully explained to me. Any questions and concerns regarding this agreement have been adequately answered. A copy of these policies is available on the GWU SHS website or has been given to me.

Print Name _____ GWID# _____

Signature _____ Date _____

Clinician's Signature _____ Date _____

Yearly Contract Review :

Date: _____ Patient Initials: _____ Clinician: _____

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