



MARYMOUNT UNIVERSITY STUDENT HEALTH CENTER

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ADD/ADHD Medication Contract

I have been prescribed a psychostimulant medication (i.e. amphetamine, methylphenidate, dexamethylphenidate, etc.) for treatment of ADD/ADHD. I understand that these medications have a black box warning for potential for abuse and severe adverse events, including death. I acknowledge that these medications have been classified as schedule II controlled substances by the FDA and are regulated by state and federal law because of their high risk for abuse.

I acknowledge 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
- ♦ I will have to make an appointment to get my ADD/ADHD prescription
- ♦ I will be required to make a monthly appointment at the Student Health Center (SHC) for follow-up prescriptions
- ♦ I will keep my appointment with the SHC and will call at least 2 hours in advance if I have to cancel my appointment to avoid a no-show fee
- ♦ 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 ADD/ADHD prescription privileges
- ♦ Prescriptions will not be written before 25 days from the last appointment date – no exceptions
- ♦ No replacement for lost/stolen prescriptions or medications are provided
- ♦ If I need any significant dose adjustments, changes in type of medicine, or would like to re-start medication after a prolonged absence I will be referred to a psychiatrist or other mental health provider for consultation. If I am experiencing side effects, my clinician can discuss treatment options and appropriate referrals, if needed
- ♦ SHC staff may request information from Virginia Prescription Monitoring program on all controlled medications dispensed to me to establish prescription history

I affirm that...

- ♦ I am responsible for protecting my prescription and my medication from being lost, stolen, or misused by other persons
- ♦ I will use my medication as prescribed and not adjust the dosage on my own
- ♦ I will not seek to have duplicate prescriptions for my ADD/ADHD medications
- ♦ I am aware it is illegal and dangerous to share or sell prescription medications

In signing this form, I recognize that my original prescribing provider can disclose to Marymount University Student Health Center (SHC) when prescriptions are, or have been, written for me in his or her office. I also agree that my original prescribing provider can be notified when prescriptions are written for me by the SHC.

I acknowledge that violation of the SHC policies concerning controlled substances will result in termination of this contract and the loss of ADD/ADHD prescription privileges from the SHC.

I have read and understand this contract and I agree to fulfill my obligations as stated above.

Print Name

Date of Birth

Signature

Date