

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_



HSNT #: \_\_\_\_\_

## Parent Contract for Management of Medications for Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Your minor child has been diagnosed by a physician at Health Services of North Texas as having Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).

1. Medications used for the treatment of ADD/ADHD are **controlled substances**, the prescription of which is tightly monitored by state and federal laws. These medications are sometimes abused by some people who do not have a prescription. I understand that it is a **FELONY** to obtain these psychostimulant medications by fraudulent means, to possess these medications without a legitimate prescription, and to give or sell these medications to others.
2. I will not seek to have duplicate prescriptions written for this medication from different providers.
3. I have read and understand the rules regarding **PRESCRIPTIONS** for these medications below:
  - a. Prescriptions are kept under lock and key. A specific procedure must be followed before we can give you a prescription. The parent or guardian must sign and date two copies of the prescription before it will be given to you.
  - b. You are to call 5-6 days prior to the last dose (tablet, capsule, or liquid). Do not wait until you have only one remaining dose. No one but your child's primary care provider (PCP) will fill these medications, and you must plan in case s/he is not in the office.
  - c. If possible, bring your child's medication container from home. This helps us to assess usage of the medicine at home.
  - d. These prescriptions cannot be mailed, faxed or called into the pharmacy at this time. You must pick up the prescription from our Front Desk.
  - e. The prescription must be picked up at the office by the minor's parent. Another person may pick up the prescription only if they have proper written consent on file.
  - f. Prescriptions will not be dated ("Earliest Fill Date") sooner than 1 day from the previous prescription date, except in exceptional circumstances. Once written and dated, the prescription is valid for 21 days.
  - g. Your child's insurance company may request a Prior Authorization (PA). This is a method to control the use of these medicines, and requires the provider to fill out certain paperwork. This may delay you from obtaining the medication.
  - h. Once dosage is stabilized, the prescription will only be written for a one-month supply, per current regulations. Generally, you do not need an appointment to pick up the prescription for a stable dose. However, see below regarding "Appointments."



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I have read and understand the rules regarding appointments below:

- a. After initiation of treatment, a follow-up appointment is required every 1-2 weeks until your child is stabilized on a dose. After we have found a dose that is effective, you will need to bring your child for re-check appointment every 3 months, at minimum, prior to the issuance of refills of medication prescribed for the treatment of ADD/ADHD.
  - b. Any requests for changes in prescribed medication will require a follow-up appointment to determine the appropriateness of medication changes and to issue any new prescriptions.
  - c. If appointments are not kept, prescriptions will not be renewed.
4. **“Drug holidays”**: you may stop medication on holidays and/or weekends if you so desire. Some children’s behaviors may allow this, others may not. It is acceptable to try your child off of most medications (exceptions: Strattera™, Intuniv™). Almost all children do well with a temporary stoppage of medication, and have minimal or no side effects.
  5. You are to promptly notify Health Services of North Texas in the event that the medication prescription or prescribed medication is **lost, stolen or rendered unusable**. You must file a police report for any lost or stolen prescription. To do so, you must go into the Police Station, file a report for a lost control substance prescription, and obtain a copy of the report. Bring the copy to our office: we must have a copy of the Police Report before writing a replacement prescription. You are acknowledging that you am responsible for protecting my written prescription and medication from being lost or misused by other persons.
  6. You are advised to promptly contact Health Services of North Texas if you notice, or your minor child encounters, any potential adverse side effects from the prescribed medications.
  7. If you suspect any inappropriate use/abuse of the prescribed medications by your minor child, such as sharing or selling prescription medication, you are to report this promptly Health Services of North Texas.
  8. Because mixing stimulant medications with illicit substances can be unsafe and in order to encourage safe and proper use of controlled substance prescriptions, a drug screen may periodically be required prior to renewing a prescription. I acknowledge that my clinician may require such a drug screening in selected cases before she or he provides a new prescription for the psychostimulant medication and I pledge to cooperate with this screening.

I have read and understood this contract and I agree to fulfill my obligations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)