



**ADD/ADHD Medication Contract**

I have been prescribed medication for treatment of ADD/ADHD. I understand that ADD/ADHD medications are controlled substances that are regulated by state and federal law because of their high risk for abuse.

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.

I agree that my original prescribing provider can disclose to Aultman Family Medicine (AFM) when prescriptions are, or have been, written for me in his or her office. I agree that my original prescribing provider can be notified when my prescriptions are written by AFM.

I will not seek to have duplicate prescriptions for my ADD/ADHD medications.

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 AFM for follow-up
- I will have to make an appointment to get my ADD/ADHD prescription if a change is made
- I will keep my appointment with AFM and will call at least 24 hours in advance if I have to cancel my appointment
- prescriptions will not be written before 25 days from the last appointment date
- no replacement for lost /stolen prescriptions or medications are provided, even if a police report is filed
- AFM staff may request information from Ohio Prescription Monitoring Program on all controlled medications dispensed to me to establish prescription history.

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

I acknowledge that I am responsible for protecting my prescription and my medication from being lost, stolen, or misused by other persons.

I acknowledge that it is both illegal and dangerous to share or sell prescription medications.

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

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date