



Hunterdon Health

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Agreement for Long Term Therapy with Stimulant Controlled Substances

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. It is the policy of Hunterdon Health that patients (or their parents/guardians) receiving prescriptions for controlled substances be required to sign the Controlled Substance Agreement. By signing this agreement, I agree to follow for myself or my child:

1. I know that this medication is given to help control the symptoms of ADD/ADHD. It is not a cure. The duration of use is determined by the effectiveness of the treatment.
2. I understand that after initiation of treatment, a follow up phone call is required within 14 days, a follow up visit is required within 60 days, and every 3-4 months thereafter. If there is a change in dosage needed a follow up visit is required within 60 days.
Prescriptions will not be refilled if visits are not up to date. It is the patient's (parent/guardian's) responsibility to be sure an appointment is made before the medication runs out.
 - Make sure you schedule your next appointment before you leave the office visit. This will assure that you can book an appointment with your preferred provider and that you are aware of times your provider is on vacation or away from the office. If the provider's schedule is not yet open for the timeframe you need for your next appointment, it is your responsibility to call back.
 - Allow 5-7 days between the appointment and when the medication will run out.
 - Same day appointments are usually not available, so if you call the day your prescription runs out, you will be out of medication.
3. The patient must obtain **all** prescriptions for controlled substances from the physician whose name appears below or from the covering provider during his or her absence.
4. 72 hours notice is required for refill requests. Early refills will not be given.
5. Prescription refills are not available on weekends, holidays, or evenings. It is important to make sure that the patient has enough medication to get through the weekends, holidays or after hours, as the provider on call will not refill these prescriptions.

6. The patient (parent/guardian) must inform the physician of any medications prescribed by another physician, new medical conditions, and any side effects of the medications taken.
7. I understand this medication has potential side effects including; appetite suppression, headaches, stomach pain, irritability or other temporary behavior changes, and difficulty sleeping. These are less likely when the medications are prescribed to me under close monitoring by my provider.
8. I understand this medication is potentially addictive and chances of addiction are less if the medications are prescribed to me in a controlled setting under close monitoring by my provider. This requires regular office visits to follow my progress.
9. The patient must take all medications **only** as prescribed. No changes in dose or frequency will be made by the patient without permission from the provider.
10. I agree that this medication will be stopped if my ability to function does not improve, if the medication loses its effectiveness, if I do not attend required office appointments, or if there is a reason to believe I am misusing the medication in any way.
11. The patient (parent/guardian) will not share, sell, or permit others to have access to the medication
12. I agree not to seek ADD/ADHD medication from any other source, including other physicians, emergency departments or urgent care clinics.
13. Possession or use of any illegal drug or controlled medication not prescribed by the provider may result in termination of controlled substance prescribing. Trafficking in controlled or illegal substances, intoxication or arrest for driving under the influence (DUI) will result in termination of controlled substance prescribing.
14. Marijuana use must be disclosed by the patient to the prescriber. While marijuana is legal in New Jersey, it is still not permitted at the federal level. Your provider may decide to stop prescribing your controlled substance based on marijuana use.
15. I agree to comply with random urine drug testing if requested by my provider.
16. The patient (parent/guardian) agrees to keep the medication out of reach of children or others who could accidentally ingest it. In addition, unused medications that remain in your medicine cabinet are susceptible to theft and misuse. To prevent medications from getting into the wrong hands, New Jersey's Office of the Attorney General and Division of Consumer Affairs urge you to properly dispose of your expired and unwanted prescription medication at a nearby Project Medication Drop location. Drop off is simple, anonymous and available 24 hours a day, 365 days a year, no questions asked. For

safe disposal of unneeded medications, visit
<http://www.njconsumeraffairs.gov/meddrop/Pages/Locations.aspx>

17. I have had the risks associated with taking this medication explained to me and have decided that the benefits outweigh the risks.

18. If I am unable to take the medication due to an allergic or otherwise adverse reaction, I will notify the prescriber and discard the remainder according to the above recommendations. .

19. Failure to follow these policies may result in discontinuation of therapy with controlled substances.

You affirm that you have the full right and power to sign and be bound by this agreement, and that you have read and understood, and accept its terms. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substance administration. You affirm that you understand there are risks, potential benefits, and alternatives to controlled substances.

Physician Signature Date

Patient/Parent/Guardian Signature Date

Physician Printed name

Printed Patient Name

Updated 9/21, 2/22