

Union University Health Service's Psychostimulant Medication Contract

I have been prescribed a psychostimulant medication for the treatment of ADD, ADHD or other condition. 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 in) 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 home town or original prescribing clinician may be notified that my prescriptions are now going to be written by the Union University Health Services Physician and Nurse Practitioner. I also agree that my home town or original prescribing clinician may disclose to Union University Health Services 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.

I acknowledge that violation of the Union University Health Services policies concerning controlled substances will result in termination of my prescription for those substances and may result in judicial sanctions from the university, for violation of Union's community values.

Union University Health Services has a **one-time-replacement policy**. (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.

Because mixing stimulant medications with illicit substances can be unsafe, and in order to ensure the safe and proper use of controlled substance prescriptions on this campus, a urine drug screen may periodically be required prior to renewing a prescription. I acknowledge that my clinician may require such a drug screening before she or he provides a new prescription for the psychostimulant medication and I pledge to be cooperative with this screening.

My clinician requires medication follow up visits every month until the dose of medication is stable. If appointments are not kept my prescriptions **will not be renewed**. Prescription renewal requiring an appointment will be provided only during a scheduled appointment and not on a walk-in basis.

Once the dose of medication is stabilized and the Union Health Services physician feels that it is prudent to no longer require monthly follow-up visits in person, then I may be allowed to have in-person visits every three months. During the months I am not required to have an in-person physician encounter, I will see the Union nurse 3 business days before I can pick up my new prescription. If the physician feels confident that I do not need an in-person encounter then a written prescription will be written for me to pick up at the Union Health Services clinic. If the physician feels that I need to come in for an in-person visit I will make an appointment with the physician or nurse practitioner.

Prescriptions will not be renewed earlier than 25 days from the previous prescription date – **no exceptions**.

I have read and understand this contract and I agree to comply.

Print Name _____ Student number _____

Signature _____ Date _____