

WWU STUDENT HEALTH CENTER PSYCHOSTIMULANT MEDICATION CONTRACT

I have been prescribed psychostimulant medication for my treatment of ADD or ADHD or other condition.

I understand these medications are **controlled substances** and are tightly regulated by state and federal law with a high risk for abuse. Therefore, the prescription must be written and can be for only one month's supply.

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.

I agree that my home town or original prescribing physician will be notified that my prescriptions are now going to be written by the Student Health Center physician. I also agree that my home town or original prescribing physician may disclose to the Student Health Center when prescriptions have been written for me in his or her office. I will not seek to have duplicate prescriptions written for me of the same medication.

I acknowledge that violation of the Student Health Center policies concerning controlled substances will result in termination of my prescription for those substances.

If a prescription is lost, stolen, or damaged or the medication itself is misplaced, the prescription will not be rewritten before 25 day renewal period. I acknowledge that I am responsible for protecting my written prescription and my medication from being lost or misused by other persons. I acknowledge that it is both illegal and potentially very dangerous to share or sell prescription medication with another person. Because mixing stimulant medications with illicit substances can be unsafe and in order to 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 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 Student Health Center 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 complete virtual visit allowing at least 72 hours for the form to be reviewed by the physician and the prescription to be prepared. 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 Student Health Center Pharmacy. If the physician feels that I need to come in for an in-person visit after reviewing the virtual encounter form, I will make an appointment with the physician. Prescriptions will not be renewed earlier than 25 days from the previous prescription date – **no exceptions**.

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

Print Name _____

Student number _____

Signature _____

Date _____