Boynton Health Stimulant Agreement

This agreement allows us to work together in good faith, as partners in creating a safe and appropriate treatment plan for management of your ADHD. If you are unable to adhere to the following treatment plan, Boynton Health may terminate prescription of stimulant medication.

Please initial next to the statements below.

I agree:

_____ I am taking a medication with potential harmful side effects. I have reviewed these side effects with my provider.

_____ I will obtain stimulant medication from one provider and will fill the medication at one pharmacy. I understand that I may not obtain stimulant medication from multiple sources.

_____ to take the medication exactly as prescribed and not change the medication dosage or frequency on my own.

_____ to keep my medication and prescriptions in a secure location. Lost, stolen, or misplaced prescriptions or medications will generally not be replaced.

_____ not to sell or share my medications. I understand to do so is a felony and that medication that is safe and effective for me can cause dangerous side effects for another person.

_____ that I will receive no more than three (3) months of prescriptions following an office visit.

_____ early medication refills will generally not be authorized and medication extensions will not be granted when I am due for office follow up. Disrespectful, aggressive, or threatening behavior when requesting medication refill is unacceptable.

_____ not to abuse alcohol or illegal drugs while taking this medication.

_____ to provide blood or urine drug screens and other diagnostic testing if clinically indicated in the judgment of the provider.

_____ to keep regular follow-up appointments as directed by the provider.

_____ my provider may decide to stop my stimulant medication due to other mental health or medical issues.

_____ stimulant medication may only partially treat my condition. I will participate in other referrals or treatments which my provider recommends for management of ADHD.

*Name:*_____ *Date of Birth:* _____

*Signature:*_____ *Date:* _____

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