

## **Worcester Polytechnic Institute (WPI) Student Health Services (SHS)**

Subject:

Scheduling Appointment Requests for Refilling Medications for the Management of ADD/ADHD

Policy:

Students requesting an appointment for the prescription of ADD/ADHD medications by WPI SHS are required to comply with the front desk procedure below.

1. A patient must have an evaluation in writing by their Primary Care Provider, Clinical Psychologist, or Psychiatrist specifying diagnosis of ADD or ADHD. The patient must have appropriate documentation of the office visits that include the name of the most current medication, dosage and directions clearly written.
2. Updated documentation is required for initial visit and any subsequent medication or dose change by their primary prescribing provider.
3. An appointment is necessary to obtain prescription refills from an SHS provider.
4. Students that have ADD/ADHD plus additional complex psychiatric issues (e.g., Psychotic Disorders, Bipolar, etc.) that require prescription medications will be directed to a psychiatrist for treatment. In these cases, it is up to the clinical judgement of the provider whether medications will be managed at SHS or referred elsewhere.
5. WPI SHS providers will not diagnose and initiate medication management for ADD/ADHD. SHS can provide referrals as needed in these situations.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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 WPI Student Health Services (SHS) when prescriptions are or have been written for me in their office. I agree that my original prescribing provider can be notified when my prescriptions are written by WPI SHS.

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

I am aware that:

1. I will use my medications as prescribed and not adjust the dosage on my own.
2. I will be required to make a monthly appointment at SHS for follow-up and refills.
3. I will have to make an appointment to get my ADD/ADHD medication prescription.
4. I will keep my appointment with SHS and will call at least 24 hours in advance to cancel my appointment.
5. Prescriptions will not be written earlier than 25 days from the last appointment.
6. No replacements for lost/stolen prescriptions or medications will be provided.
7. SHS staff may request information from the Massachusetts Department of Public Health Prescription Drug Monitoring (MassPat) System on all controlled medications dispensed to me to establish prescription history.

I acknowledge that a violation of the SHS policies concerning controlled substances will result in termination of this contract, and 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 another person.

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: \_\_\_\_\_