

Stimulant Prescription Patient Treatment Contract

As a participant in stimulant prescription treatment for Attention Deficit Hyperactivity Disorder (ADHD), [49848] I test freely and voluntarily agree to accept this treatment contract:

- I understand that stimulant medications are used for the treatment of ADHD and are not for recreational use. They are controlled substances and can have serious side effects if misused or used without a prescription including heart arrhythmias and sudden death.
Initial Here
- I understand that I am required to follow up with the same SHAC provider for regularly scheduled appointments to obtain medication refills. Prescriptions for stimulant medications will NOT be given by other SHAC providers. If I miss more than two appointments without canceling, I may be referred to the community for care.
Initial Here
- If a prescription is lost or stolen, it will not be replaced and that I will need to wait until the next appointment to receive more medication. If I use more medication than was prescribed to me the previous month, I will not be able to get an early prescription.
Initial Here
- If it is discovered that I am inappropriately using stimulant medication (selling, abusing, or lending to friends), etc., I will not allowed to receive stimulant prescriptions through SHAC. I understand urine drug screens and a N. M. Board of Pharmacy review of all prescriptions that I have filled may be request, if indicated.
Initial Here
- I understand receiving ADHD evaluation and treatment at UNM SHAC does not mean I have a disability that qualifies for any accommodations under the American Disabilities Act (ADA).
Initial Here

My signature below indicates acceptance and agreement with the above statements:

Patient Signature

Date

Witness Signature

Date