

## Controlled Substances Good Faith Agreement

Since some medications for ADHD have potential for abuse or diversion, their use is heavily regulated by government agencies. Therefore, strict accountability is necessary with prolonged use. With this being stated, you, the patient, agree to the following:

- (1) You must provide *records of specific testing and diagnosis* of your condition. Office notes from previous providers who simply refilled this medication will not suffice. If records are unavailable or not provided, you will be referred for a new evaluation via a psychiatrist or psychologist.
- (2) It is important that you accurately report how the medication is being taken, side effects, and/or adverse effects of medication.
- (3) It is unlawful to be prescribed the same controlled medication by more than one physician at the same time.
- (4) It is recommended that prescriptions for controlled substances are filled at the same pharmacy.
- (5) The prescribing provider has permission to discuss all diagnostic & treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
- (6) If the responsible legal authorities have questions concerning your treatment, all confidentiality is waived & said authorities may be granted full access to our records of controlled substances administration.
- (7) You must not sell or share your medication. If it becomes evident that medication is shared or sold, you will be terminated from care.
- (8) You will protect your medication. Prescriptions and bottles of these medications may be sought by individuals with chemical dependency & should be safeguarded. Prescriptions may not be replaced if they get wet, are lost, destroyed, etc. If your medication has been stolen/lost, a replacement prescription will be considered once a police report has been received.
- (9) Providers at USM Health Services will review your controlled medication usage at their discretion on the Mississippi Prescription Monitoring Program. If they discover misuse has occurred, you will be terminated as a patient from the Student Health Service.
- (10) You may not attempt to get a refill before 28 days since last refill. Attempts to refill early will be denied.
- (11) You are encouraged to register with the Office of Disability Accommodations to seek additional services that will aid in your success.
- (12) It is understood that failure to adhere to these policies may result in cessation of therapy.
- (13) You affirm that you have full right and power to sign and be bound by this agreement. You have read, understand, and accept all of its terms

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Patient Signature

Date

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Student ID