



Informed Consent and Agreement

I have been prescribed psychostimulant medication for the treatment of Attention Deficit Hyperactivity Disorder or other medical condition. When appropriately prescribed for a particular person and documented condition, they are generally safe when used as directed.

I understand that these medications are controlled substances, strictly regulated by state and federal law, because of their potential for misuse, abuse and diversion. I acknowledge that it is both illegal and potentially very dangerous to share prescription medications or to sell them to another person. Mixing stimulant medications with other prescriptions, over-the-counter medications, alcohol or other drugs can be dangerous.

I understand that it is a felony to obtain these medications by fraudulent means, to possess these medications without a legitimate prescription and to either give or sell these medications to anyone else.

I agree that the RMU Counseling Center may notify my medical provider at home or previous psychiatric provider that the prescriptions will be written by RMU prescribers, and that my provider at home may disclose when prescriptions have been written in his or her office. I will not seek duplicate prescriptions of the same medication.

Prescriptions will be written by only one regular prescriber, except for a pre-arranged and designated alternate prescriber during my regular prescriber's extended absence.

If a prescription is lost, stolen or damaged, or the medication is misplaced, the prescription will not be rewritten prior to the renewal period. A copy of the police report may be required before a lost or stolen prescription is refilled. It is my responsibility to protect and secure both the prescription and the medication safely so that they are not misplaced, lost, or misused by others.

Medication refills are for a one month supply only. My prescriber may require monthly appointments if I am a new patient, or if a medication dosage has been changed. Once my prescriber feels that a medication and dosage have been stabilized, my appointments may be spread to once or twice a semester. If I recurrently miss appointments, I may not be given a refill. I will allow at least a week for refills. Refills are never given on nights or weekends.

I understand that by signing this agreement, I must abide by it and that failure to do so will result in the termination of my psycho stimulant medication prescriptions.

Student Signature Date

Prescriber Signature Date