

Sample Agreement for Stimulant Medications

To ensure stimulant medications are prescribed in the safest, most effective manner in compliance with current law, patients must agree to the following conditions of treatment (these will be reviewed in detail by a SHS provider during the visit):

- I understand that stimulant medications can cause serious negative reactions, such as, but not limited to, psychosis, mania, aggressive behavior, heart attack, stroke, seizures, and sudden death.
- I understand that stimulant medications can cause common negative reactions, such as, but not limited to, loss of appetite, weight loss, insomnia, headache, abdominal pain, emotional lability, agitation, tachycardia, and anxiety.
- I will abstain from illegal/illicit drugs and controlled substances not prescribed to me due to the potential for serious risk to my health.
- I understand it is contraindicated to drink alcohol while taking stimulant medication due to the potential for serious risk to my health.
- I will notify my SHS provider of all medications I use, such as prescriptions, over-the-counter medications, or herbal remedies.
- I understand there is the potential for developing a tolerance to stimulant medications making them less effective over time.
- I understand there is the potential for developing a severe physical or psychological dependence or addiction to stimulant medications.
- I will use the stimulant medications only in the manner and at the dose prescribed for me.
- I understand that no early refills will be authorized even if I use my medication sooner than prescribed, or if the prescription or medication is lost or stolen.
- I understand that I should only request refills when I am down to my last 2-3 doses and I should not hoard pills.
- I understand that lost or stolen stimulant medications must be reported to the police.
- I understand that my information will be monitored on the North Carolina Controlled Substance Reporting System to assess my compliance to laws and regulations.
- I am responsible for my stimulant medication and will store it in a secure location.
- I understand that taking prescription medications that have not been prescribed to me, or giving/selling/trading my stimulant medication to other people, is a federal felonious offense called “drug diversion”.
- I will be subject to random urine drug screenings, at my own expense, to determine if I have been taking my stimulant medication as prescribed or to determine if I have been taking any illegal/illicit drugs. Depending on the results of drug screening, I may or may not be able to continue to receive prescriptions for stimulant medication.
- I will not alter my prescription, obtain duplicate prescriptions from more than one provider, or use deception to obtain a prescription.
- I understand that I may not be prescribed a stimulant medication if I develop a medical or mental health condition to which stimulants are contraindicated.
- **(If applicable):** I will inform my provider immediately if I become, or plan to become, or suspect that I may be, pregnant.

Consequences of violations to the agreement may include suspension or termination from stimulant medication services at SHS, investigation by the Office of Student Rights and Responsibilities for an ECU Code of Conduct breach, or if an illegal act has occurred, police involvement.

(Adapted and abbreviated from the “Agreement for Stimulant Medications” that patients must initial and sign following a discussion with their SHS Provider.)