STUDENT ADD/ADHD AGREEMENT FORM 2011/2012

Students under the care of a physician at the Student Health Service (SHS) at the College of Charleston who are receiving prescriptions for ADD/ADHD medication will be required to comply with the following agreement. Each academic year an ADHD agreement will need to be signed, reviewed and discussed with your SHS physician. Please review and initial each line. Discuss any questions with your physician.

_____ 1. As state and federal laws dictate, a student will only receive ADHD prescriptions from one source. If you choose to be followed by a College of Charleston SHS physician, please understand that for a multitude of reasons our physicians’ ADHD care practices may differ significantly from your expectations or previous experiences. To be followed here for ADHD, you must accept our practice perimeters. If our ADHD practice perimeters do not work well for you, we can supply you with a list of local physicians that provide ADHD care in other health care environments.

We understand that some students may be in another city during the semester breaks and plan to receive medications from a physician there. If this is the case, please discuss this intention with your SHS physician prior to the break. Upon your return from break, we require that you bring the most recent prescription bottle from that outside physician to your visit at SHS. Failure to do so may result in a delay in us writing your prescription as we await documentation of the prescribing record. Expect that your previous prescribing physician will be notified of our resumption of care. Your consent will be obtained for these communications.

_____ 2. A student will schedule appointments with the same physician for each visit.

   a. If a student’s classes conflict with his or her prescribing physician’s schedule, this should be addressed at the first visit of the semester and a substitute physician will be determined for the entire semester.
   b. If a physician is out of the office and another physician is covering the appointments, the student will be seen by the covering provider.

_____ 3. A student agrees to make appointments in advance to see his or her physician.

   a. We will schedule you for the next available appointment with your usual physician. We will not be able to schedule you in a same day appointment or with another physician.
   b. Please do not arrange SHS ADHD appointments that require exact timing on the part of the physician. Due to the unpredictability of medicine our schedules are not exact and some flexibility is necessary on the part of patients seeking care at SHS. Our physicians need adequate time for ADHD appointments.
   c. If you are unable to keep your scheduled appointment, we require that you call to cancel and reschedule as soon as possible.
   d. We reserve the right to dismiss a student who repeatedly “no-shows” for his or her appointments.

_____ 4. A student must agree that he or she will not share ADHD medication with any other person. Please be aware of the serious medical dangers associated with sharing medications. Many of the medications used for ADD can have serious neurologic and cardiac side effects. Cases of death have occurred when these medications are combined with alcohol or other drugs. Furthermore, it is a violation of state and federal law to
share or sell medications. This is considered diversion of a controlled substance and may result in criminal charges. If it comes to our attention that you may be involved in sharing ADHD medication, you will be dismissed from our care for ADHD. We have the right to report our suspicions to South Carolina and Federal drug authorities. These same principles apply for our discovery or suspicion of personal abuse or overuse.

5. The **SHS Staff has a right to notify previously prescribing physicians** that a student will now be receiving his or her medication at SHS. The SHS physicians will also use the online DHEC Prescription Monitoring Program to check for prescriptions from outside physicians both initially and periodically throughout the year.

6. A Student must agree to report any adverse reactions or problems related to his or her medication to SHS. You also must agree to keep your SHS physician informed of any and all significant situations related to your ADHD diagnosis, other medical or psychological conditions or social issues that arise. Outright lies, deceptions, or omissions of such information will be looked upon unfavorably. If deemed by the physician to be deliberately or conveniently not revealed, the physician may elect to end SHS care for ADHD.

7. A student must agree to notify the Campus Police or Local Police of any lost or stolen prescriptions or medications, and provide the SHS staff with a copy of that report. At the discretion of the SHS physician, the remaining portion of a lost or stolen prescription may be replaced once during an academic year or a maximum of 2 times during a student’s college career.

8. A student must accept the limitations of SHS in delivering ADHD care.

   a. The number of students that the physicians can adequately follow is limited. Please understand that our current physician staffing model can accommodate only certain number of students for ADHD care. Our current physician staffing model forces us to focus our ADHD care and grant priority status to those students utilizing the Center for Disability Services SNAP (Students Needing Access Parity) program for academic accommodations.

   b. If due to coexisting medical or psychiatric conditions, the SHS physicians feel that a student’s care is beyond our scope, SHS can supply a student with a list of local physicians that provide ADHD care in different health care environments.

   c. Also understand that we do not exceed the maximal recommended doses for stimulant medications. Such off label use may be appropriate for an individual, but it is our collective physician opinion that SHS is not the optimal treatment environment for such ADHD care. In cases where high stimulant dosing is requested or required to control symptoms, a referral to an outside physician for ongoing care will be offered.

Signed ________________________________
Office Use
Patient Notification Date _____________
Notified by ____________________________
Witness ______________________________
Notified by ____________________________
Revised 8/11/2011
Date _________________________________