

Stimulant Medication Contract

I have been prescribed a stimulant medication for treatment of attention deficit/hyperactivity disorder (ADD/ADHD). I understand that I should take this medication exactly as prescribed by my provider.

I understand these medications are controlled substances and are tightly regulated by state and federal law.

I understand that I will be required to show valid photo identification when picking up prescriptions for these stimulant medications at a pharmacy in the state of North Carolina. The only forms of acceptable photo identification are a driver's license, an identification card issued by the NC Department of Motor Vehicles, a military id, or a passport.

I understand that it is a **Criminal Offense** and a **violation of the UNC Honor Code** to obtain these stimulant medications by fraudulent means or to possess these medications without a legitimate prescription.

I understand that it is a **Criminal Offense** and a **violation of the UNC Honor Code** to alter prescriptions for stimulant medications.

I understand that it is a **Criminal Offense** and a **violation of the UNC Honor Code** to give or sell these medications to others.

For prescriptions obtained from providers at Campus Health Services:

- My clinician requires medication follow-up visits every three months and **if appointments are not kept my prescriptions will not be renewed.**
- When calling to obtain a prescription for my medication, I must allow 72 hours for the prescription to be written.
- These prescriptions may be electronically prescribed by authorized prescribers. Otherwise, a written prescription is required for each fill of these medications. It is my responsibility to pick up my written prescription from my health care provider.
- Campus Health Services has a **NO REPLACEMENT POLICY**. Lost, stolen, or damaged prescriptions or medications left at home will not be refilled. I am responsible for protecting my medication.

I have read and understand this contract and I agree to fulfill my obligations.

Printed Name

PID

Signature

Date

Original: 9/10 Revised: 4/2019