

ADHD Treatment Contract

Your child has been diagnosed by a Parkside Pediatric Provider as having Attention Deficit Hyperactivity Disorder (ADHD). Medications used for the treatment of ADHD are controlled substances, the prescription of which is tightly controlled by state/federal law.

In order to provide the best care for your child, treatment of their ADHD follow these guidelines:

1. **After initiation of treatment, the patient will follow up every 90 days prior to the issuance of refills of medication prescribed for the treatment of ADHD. The patient will not be permitted to schedule past 90 days unless extenuating circumstances.** Merely scheduling a follow-up appointment does not satisfy this requirement.
2. Please allow 1-2 business days for refill requests to be completed.
3. There will be no ADHD medication refills done through our Nurse Triage line.
4. You are advised to promptly contact Parkside Pediatrics if your child encounters any potential adverse side effects from the prescribed medications.
5. Any suspected inappropriate use/abuse of prescribed medications by your child is to be promptly reported to Parkside Pediatrics.
6. Any requests for changes in prescribed medication will require a follow-up visit to determine the appropriateness of medication changes and to issue any new prescriptions.
 - a. New prescriptions will require a 30-day follow-up.
 - b. Dosage changes may require a 30-day follow-up at the discretion of the provider.
7. **Parkside Pediatrics is to be promptly notified in the event that medication prescriptions or prescribed medication is lost, stolen, or surrendered unusable.** Such an occurrence will be thoroughly evaluated by the physician prior to the issuance of a replacement prescription.
8. If your health insurance does not cover the cost of mental health services, including treatment of ADHD, the patient/parent will be responsible for the full cost treatment. We will complete prior authorizations. If still not approved, you can check the medication manufacturer's site for coupons or copay cards, or check goodrx.com.

We are here to help in any way possible. By working together we can have the best results!

I have read the above ADHD treatment guidelines. I understand that failure to follow the above guidelines after two occurrences may result in discontinuation of further treatment of my child for ADHD by Parkside Pediatrics.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____

Print Name _____