

Farmington Valley Pediatrics, LLC

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Pediatrics and Adolescent Medicine

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ADHD Prescription Medication Policy

Dear Parents:

Your child has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). This condition is treated with a variety of medications with possible side effects. The following policies are designed to avoid confusion and will help to ensure your child's safety while he/she is being treated.

1. Due to side effects of the drugs used to treat ADHD, **medication rechecks are mandatory every three months** as well as a yearly physical or more if needed. Refills will NOT be given if your child is behind on a recheck or well child visit. It is the parent's responsibility to ensure that these appointments are made. We do not send reminder notices.
 - a. You **MUST** bring both Parent & Teacher Vanderbilt forms to the appointments or you will be asked to reschedule and will NOT receive your prescription.
 - b. Schedules do fill up quickly, so be sure to schedule your follow-up appointments ahead of time (at check out or calling back as soon as possible to get on the schedule).
2. **Due to Federal Law**, prescriptions cannot be faxed or verbally called in to the pharmacy. Medications are written on a specially approved prescription pad. The pharmacy requires the original copy of the prescription. If refills are needed for months #2 & #3, please call the office 5 business days in advance to ensure your child receives their medication without missing any doses. Only parentally authorized individuals can pick up the prescription, if parents are not able to.
3. **Running out of medication is not an emergency.** Please remember to schedule rechecks in a timely manner and allow 3 business days for refill prescriptions to be written and available for pick up.
4. **Stimulant medications are controlled substances.** Any parent/patient determined to be misusing, selling, or providing medication to another person can no longer receive ADHD medication from our practice. Please carefully monitor your child's use and discuss openly with your child the seriousness of providing their medications to others or misusing their medication.

By signing below, I certify that I have read and agree to abide by the ADHD office policies of Farmington Valley Pediatrics. I understand that there will be no exceptions granted.

Parent Signature

Date

Patient Name

Date of Birth