

Countryside Pediatric Care policy regarding the Management of ADHD:

Dear Parent:

Your child has been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). This disorder is treated with a variety of medications with many possible side effects. The medications are safe if monitored closely. 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 the side effects of the drugs used to treat ADHD, **rechecks are mandatory every three months and well child physicals once yearly** or more often as needed. Refills will NOT be given if your child is behind on a recheck or well check. It is the parent's responsibility to insure that these appointments are made. We do not send reminder notices.
2. **Due to Federal Law**, prescriptions cannot be called in to the pharmacy, nor can we fax prescriptions or write for refills. We are allowed to dispense up to 3 months of single-month prescriptions at a time. These will be given at each recheck or well-check.
3. **Running out of medication is not an emergency** - please remember to schedule rechecks in a timely manner, and allow 72 hours for refill prescriptions to be written and available for pick-up. These will be done by your primary physician.
4. **Not all health insurances will cover follow-up visits for ADHD.** The parent bringing the child to the office for the visit is responsible for any charges not covered by insurance. Alternatively, you may have a psychiatrist follow and manage your child's prescriptions.
5. **Stimulant medications are controlled substances.** Any patient/parent caught selling or giving their 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 sharing or selling these medications.

By placing my signature below, I certify that I have read and agree to abide by the ADHD office policies of Dunedin Pediatrics, LLC.

I understand that there will be no exceptions granted.

Patient Name: _____

Parent Signature

Date