

SMART CARE PEDIATRICS
801 NORTH STREET EAST
TALLADEGA, AL 35160
PH – 256-362-3005
FAX – 256-531-9443

ADD/ADHD Treatment Contract

Your minor child has been diagnosed by a health care provider at Smart Care Pediatrics, as having *Attention Deficit Disorder (ADD)* or *Attention Deficit Hyperactivity Disorder (ADHD)*. Medications used for the treatment of *ADD/ADHD* are controlled substances, the prescription of which is tightly controlled by *state/federal law*. Treatment of *ADD/ADHD* will be according to the following guidelines:

1. After initiation of treatment, a follow-up visit, for any reason, is required, *monthly*, prior to the issuance of refills of medication prescribed for the treatment of *ADD/ADHD*. These visits are not coincided with sick visits or well child visits.
2. Medication prescriptions cannot be mailed or faxed. The prescription must be picked up at Smart Care Pediatrics by the patient or another person for whom written consent is on file. Medication prescriptions will remain valid for *21 days* and cannot be filled after that time. Requests for medication refills may be submitted when the patient has *7 or less days* of medication remaining. *Please allow at least 2 business days for the prescription to be written and ready for pick up.*
3. You are advised to promptly contact *Smart Care Pediatrics* if your minor child encounters any potential adverse side effects from the prescribed medications.
4. Any suspected inappropriate use/abuse of prescribed medications by your minor child is to be promptly reported to *Smart Care Pediatrics*.
5. 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.
6. *Smart Care Pediatrics* is to be promptly notified in the event that the medication prescription or prescribed medication is lost, stolen, or rendered unusable. Such an occurrence will be thoroughly evaluated by the provider prior to the issuance of a replacement prescription.
7. If your health insurance *does not* cover the cost of mental health services, including treatment of *ADD/ADHD*, the patient/parent will be responsible for the full cost of treatment.

I have read the above *ADD/ADHD* treatment guidelines. I understand that failure to follow the above guidelines may result in refusal of further treatment of my minor child for *ADD/ADHD* by *Smart Care Pediatrics*.

Signature of parent/guardian: _____ Date: ____/____/20____