Mental Health Maintenance Policy

Policy for Attention Deficit Disorder (ADD) & Attention Deficit Hyperactive Disorder (ADHD) Medications

While stimulant drugs have been used safely for the treatment of ADHD for decades, there are protocols we have put in place to properly monitor a child who is taking these medications. These visits allow us to monitor your child for expected response, side effects, and proper dosage.

Medications for your child's attention disorder are an important part of his/her healthcare, and we are happy to help you manage them. ** All children on ADHD medications must be seen by a provider every 3 months. One visit will be for an annual well child physical plus medication monitoring, and one visit will be for medication monitoring only. ** At that time, our physician will review your child's health and the effectiveness of the medicine. (Additional visits may also be required. For example: when starting or switching medications, children will need to be seen one month later to monitor their response and evaluate for any side effects.)

Refills will not be authorized if your child is not in compliance. There are also rules that the US Drug Enforcement Administration requires we follow when writing prescriptions for Schedule II drugs. As such, medications can no longer be sent when the office is closed.

For those children who are being managed outside of Vigour Pediatrics, you will need to contact that physician's office for medication's management.

Prescriptions for your child's ADD or ADHD medicine(s) can be written for up to a 30-day supply. Please check the pharmacy coverage with your health insurance. A Prior Authorization is required with most health insurance companies prior to filling. This Authorization may take a few days for approval and requires to be updated annually. You will need to call for a renewal at the end of that time.

Monthly prescriptions will be handled on weekdays only. Parents may call the office and leave a message with the staff or on the voicemail requesting

a refill. Please call at least 3-5 days before your child's medicine runs out. When you call, please leave the following information on the voicemail/portal message:

- Your child's name and date of birth
- The name of the medicine
- The dose of the medicine
- Pharmacy name and telephone number

Important Details:

1) Appointments: Your child is required to have four office visits yearly for medication monitoring. These are to be scheduled every 3 months, in addition to an annual well child. It will be the parent's responsibility to schedule these appointments. Your child will need to be current on this appointment schedule in order to get prescriptions for their ADHD medications.

2) Lost or Stolen Prescriptions: We understand that sometimes prescriptions may be misplaced. Based on our liabilities in prescribing these medications, a police report may be requested by this office and/or a conference will be scheduled if there are repeated losses of prescriptions.

3) When Prescriptions Last Longer Than Expected: If your child's medication supply lasts longer than usual due to school vacations, illness, etc., the timing of office visits does not change. Children will still need to be seen in the office every 6 months per schedule noted above.

4) Compliance – If your child is not taking medication as prescribed by our office, we may not refill the medication.

ONLY PARENT/LEGAL GUARDIAN WILL BE ALLOWED TO BRING THE CHILD TO MEDICATION CHECK APPOINTMENT

This policy is to ensure the safety and well-being of your child while on medication. Thank you for your cooperation.

Please sign either the parental consent OR the parental refusal below:

Parental Consent

In signing this form, I certify that I have received and read the Vigour Pediatrics Mental Health Maintenance Policy. I agree to adhere to the medication and management by Vigour Pediatrics.

Name of Patient: _____
D.O.B:_____

Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____
Date:_____

Parental Refusal

In signing this form, I certify that I have received and read the Vigour Pediatrics Mental Health Maintenance Policy. I am refusing to abide by the Vigour Pediatrics Mental Health Maintenance Policy put forth Vigour Pediatrics. I am aware that I will have thirty (30) days from this date to find another pediatrician.

Name of Patient: _____
D.O.B:_____

Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____
Date:_____