

Marist Health Services (MHS) medical staff practitioners encourage students who are on medication for ADD/ADHD to maintain a relationship with their treating health care professionals at home. The Marist College academic calendar is published online, and follow-up appointments at home should be scheduled to maintain continuity of care.

Marist College does not provide ADD/ADHD testing. Students who are interested in such evaluation should seek guidance from their primary care practitioner, as well as investigate their insurance coverage for such testing.

MHS medical staff providers can provide follow-up appointments and write prescriptions for continuation of ADD/ADHD medications when specific criteria are met:

- 1) For students diagnosed with ADD/ADHD we require:
  - a. Documentation of ADD/ADHD diagnosis, including copies of the results of any psychological testing, consultation, or special evaluation
  - b. A summary letter from the current prescribing practitioner documenting
    - i. Stable medication dosage for at least 3 months
    - ii. A request that the student be followed by MHS during the academic year
    - iii. Practitioner availability for consultation by phone if needed
    - iv. Practitioner availability for follow-up visits during school breaks
  - c. Follow-up visit with the home practitioner at least once annually
  - d. Compliance with ADD/ADHD Appointment Plan as outlined below
- 2) ADD/ADHD Appointment Plan
  - a. Documentation
    - i. All documentation must be received and reviewed before medication is prescribed.
    - ii. If the documentation meets our approval, MHS will continue the medication plan via monthly appointments and prescriptions.
    - iii. If the documentation is not approved, the student will be referred to the prior practitioner or to a community practitioner in the Poughkeepsie area.

b. Appointments for ADD/ADHD at Marist Health Services

- i. To make an appointment, the student should ask to speak to the MHS secretary. The student should ask the MHS secretary to make a “new appointment for ADD/ADHD medication continuation.” This will allow us to confirm that the required information has been received, and to ensure that adequate time is scheduled for the first visit.
- ii. Students receiving ADD/ADHD medication must sign a contract detailing the MHS policies concerning such prescriptions.
- iii. The ADD/ADHD medication contract must be signed each year.
- iv. Monthly appointments will include vital signs, weight, and a practitioner visit. A urine drug screen (with the student’s consent) may be sent if indicated.
- v. Students should allow at least 3 days to schedule an appointment.
- vi. Appointments must be cancelled or rescheduled at least 24 hours in advance.
- vii. Students who miss an appointment will not receive a new prescription until a new appointment is made.
- viii. Students who miss 2 appointments will be required to meet with the Director of Health Services and may lose the right to have ADD/ADHD medication prescribed by MHS.

c. Prescriptions

- i. New York State regulates ADD/ADHD medications as Controlled Substances. These are generally written for a one-month supply. They cannot be “called in” to a pharmacy.
- ii. The student’s home practitioner may be able to (electronically) prescribe a three-month supply of medication to be filled in NY State using special prescription coding. Please discuss this with the prescribing practitioner, your insurer and the dispensing pharmacy.
- iii. Students are responsible for filling and paying for each prescription.
- iv. Prescriptions will not be renewed sooner than 25 days from the prior date.
- v. There is a one-time-only replacement policy for lost/stolen/damaged prescriptions or medications.
- vi. Please consult <https://www.marist.edu/student-life/services/health-services> for a list of Pharmacies Close to Campus.

I have been prescribed medication for treatment of ADD/ADHD. I understand that ADD/ADHD medications are controlled substances that are regulated by state and federal law because of their high risk for abuse.

I understand that it is a felony to obtain these medications by fraudulent means, to possess these medications without a legitimate prescription, and to give or sell these medications to others.

I agree that my hometown or original prescribing provider can disclose to Marist Health Services (MHS) when prescriptions are or have been written for me in his or her office. I agree that my hometown or original prescribing provider can be notified when my prescriptions are written by MHS. I will not seek to have duplicate prescriptions for my ADD/ADHD medications.

I am aware that:

- I will use my medication as prescribed and not adjust the dosage on my own.
- I am responsible for filling and paying for my medications
- I will be required to make a monthly appointment at MHS for follow-up
- ADD/ADHD prescriptions will only be written during a scheduled appointment
- appointments should be scheduled at least 3 days in advance
- appointments must be rescheduled or cancelled at least 24 hours in advance
- missing appointments will result in the loss of ADD/ADHD prescription privileges
- prescriptions will not be written before 25 days from the last appointment date
- there is a "one time only" replacement policy for prescriptions/medications that are lost, stolen or damaged

I acknowledge that violation of the MHS policies concerning controlled substances will result in termination of this contract and the loss of ADD/ADHD prescription privileges.

I acknowledge that I am responsible for protecting my prescription and my medication from being lost, stolen, or misused by other persons. I acknowledge that it is both illegal and dangerous to share or sell prescription medications.

As mixing ADD/ADHD medication with illicit substances can be unsafe, and in order to insure safe and proper use of controlled substance prescriptions on the Marist College campus, a urine drug screen may periodically be requested prior to medication prescription. While this screening is voluntary and confidential, refusal may result in loss of ADD/ADHD prescription privileges.

I have read and understood this contract and I agree to fulfill my obligations.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE