INTERMED
Care without compromise.

Stimulant Medication Agreement
Ages 12 and Under

Patient Name: _____ Patient Date of Birth: _____

Your child has been prescribed a stimulant medication. Stimulant medications are controlled medications, meaning additional rules and laws apply that both the patient and physician/NPPA must comply with to manage these medications safely.

This agreement is for patients aged 12 years old and younger with current or anticipated use of a stimulant medication(s) for 90 or more days in a 12-month period.

By signing this agreement, I agree to follow for my child:

1. The risks associated with taking this medication were explained, and it was decided that the benefits outweigh the risks.
2. I understand this medication has potential side effects which require regular office visits.
3. I agree to dispense the medication to my child only as prescribed and will not change the dose or stop the medication without getting approval from the prescribing physician/NPPA.
4. I agree to store this medication in a secure place, out of reach of anyone other than the parent or guardian. I will not share, sell, or otherwise dispense this medication to anyone else. Lost or misplaced prescriptions may not be replaced. If the medication is stolen, a copy of the police report must be given to the prescribing physician/NPPA for a replacement to be considered.
5. I agree that this medication will be stopped if symptoms do not improve, the medication loses its effectiveness, required office appointments are not attended, if there is reason to believe the medication is being misused, or the physician/NPPA decides the treatment is not advisable.
6. I understand that on an annual basis, or sooner if indicated, the physician/NPPA will review a treatment plan and renew this agreement.
7. I authorize InterMed to share information about my child's care with other healthcare providers, pharmacies, insurers, and law enforcement personnel, where deemed necessary by the physician/NPPA or as otherwise permitted or required by law.
8. All prescriptions for the stimulant medication(s) must come from the physician/NPPA whose signature appears below or, in his or her absence, from the covering healthcare practitioner unless specific authorization is obtained for an exception.
9. I will tell the physician/NPPA all other medications and substances my child is taking, including over the counter, herbal, and prescribed medications.
10. I will tell other healthcare providers my child is taking this medication(s).
11. I will make refill requests by phone or via the patient portal at least three business days before a refill is due. Refill requests will not be processed on nights, weekends, or holidays. I will not ask for early refills.
12. The physician/NPPA or covering practitioner may ask to count the medication(s). If InterMed requests a medication count, InterMed will schedule a visit within two business days, which I will attend, and bring the prescription to that visit. Out-of-pocket costs for drug screenings will be my responsibility.
13. I will not request variations or exceptions to this agreement.
14. I will communicate respectfully with the InterMed team and understand that disrespectful interactions could be grounds for discharge from InterMed.
15. I understand that InterMed will check the Maine Prescription Monitoring Program website as required by law, which tracks controlled medication prescriptions received from all prescribers.

I had an opportunity to read the above agreement or have had it read to me. I had my questions answered to my satisfaction. I understand and accept the risks and terms of the treatment as proposed. I am signing this form voluntarily, and I have full right and power to be bound by this agreement.

Patient/Guardian Signature: _____ Date: _____

When a parent or guardian is signing on behalf of a patient, the parent/guardian is expected to ensure the patient adheres to this agreement, to the best of his/her knowledge.

Physician/NPPA Signature: _____ Date: _____

Cc: Primary Care Physician/NPPA (if different than above): _____