

**PROGRAM OPERATIONS DIRECTIVE**

**44.0**

**SUBJECT:** Stimulant Requirement Agreement

**ISSUED:** 03/02/2022

**PURPOSE:**

To ensure that individuals agreeing to the prescription of a Stimulant medication understand that they are committing to the below listed requirements. The attached form must be reviewed, understood, agreed and signed by the participant and the prescriber. Failure to agree or follow the requirements will result in a refusal to prescribe.

**REQUIREMENTS:**

1. I agree to keep and be on time to all my scheduled appointments.
2. I agree not to sell, share or give any of my medication to another person. I understand that such mishandling of my prescription is a serious violation of this agreement and will result in my medication prescription being terminated. I am aware that I will at random be required to submit a pill count and urine drug screen periodically.
3. I agree that this medication will be prescribed at my scheduled visits with my CMH prescriber. Missing appointments can subject me to a drug withdrawal reaction.
4. I agree that the medication I receive is my responsibility and I agree to keep it in a safe secure place. I agree that lost medications will not be replaced regardless of why it was lost.
5. I will not leave my medication in a public part of my home, leave the bottle open or near water or children. I am aware that these medications can be very dangerous to children.
6. I agree not to obtain controlled substance prescriptions from any doctors, pharmacies or other sources without informing CMH prescriber.
7. I understand that mixing stimulants with alcohol, narcotics such as heroin, narcotic analgesics such as Fentanyl, Norco, Percocet, methadone, Suboxone, Tylenol with Codeine, Kratom, cocaine or other street drugs can be life threatening. I will avoid alcohol. I will also avoid all such medications, prescribed by any other prescribers or off the street and this includes cannabis and all products containing THC.
8. I understand that combining stimulants with cocaine or methamphetamine may be lethal.
9. I agree to carry my medications in its prescription bottle or carry a copy of the prescription label with me
10. I agree to take my medication as instructed and not alter the way I take my medication without first consulting my prescriber.
11. I understand that the medication alone is not sufficient treatment for my condition and I agree to participate in a treatment program as discussed and agreed upon with my prescriber and case holder.
12. I agree to provide random urine samples when requested by any CMH clinical staff to check for any substances of abuse or alcohol in my system.
13. CMH prescribers and I have discussed this agreement and I agree that violation of any part of this agreement may be grounds for discontinuation of all controlled substances prescriptions.

14. I agree to sign Release of Information for my prescriber to communicate with any professional prescribing medications for me and exchange my protected health information regarding my mental health and substance abuse history.

[Form 04-1043 Guidelines to Take Stimulants](#)

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