

Controlled Substance Prescription Policy

AFYA Psychiatric Services looks forward to being part of your healthcare team and values your well-being. To ensure your safety and compliance with federal guidelines, please review our controlled substance policy in full:

Covered Medications:

- Stimulants: Adderall, Vyvanse, Ritalin, Concerta, Focalin, Evekeo, Desoxyn
- Benzodiazepines: Xanax, Ativan, Klonopin, Valium, Restoril

Policy Requirements:

ADHD Evaluation:

- Psychological testing validating a diagnosis of ADHD may be required, completed within the last 5 years.
- Stimulants are prescribed only at your provider's discretion based on clinical judgment.

Benzodiazepine Use:

- We do not initiate or support long-term benzodiazepine treatment. Short-term use may be considered.
- We will work with you to develop alternative long-term treatment plans supported by evidence.

No Guaranteed Prescriptions:

- An initial psychiatric evaluation does not guarantee an ADHD diagnosis or stimulant prescription.
- All controlled substances are prescribed only if clinically appropriate.

PMP Review:

- We use the Virginia Prescription Monitoring Program (PMP) to track controlled substance use.
- Your provider determines whether these medications are appropriate.

Controlled Substance Agreement:

- All patients prescribed controlled substances are required to sign this agreement annually.

Refill Policy:

- You are responsible for your medication. No early refills will be provided for lost or stolen medications.
- Your provider may choose not to continue prescribing if misuse is suspected.

Misuse/Abuse Policy:

- Taking more than prescribed or diverting medication may result in discharge without a 30-day supply.
- You may be referred to a detox or substance abuse treatment facility.

Drug Testing:

- Patients must comply with random drug screenings, including urine, hair, or blood, possibly within 24 hours.
- Refusal may lead to immediate discharge without a medication refill.

Undisclosed Substance Use / Failed Drug Tests:

- If you test positive for any undisclosed or illicit substances, your provider may non-voluntarily discharge you.

Telehealth Stimulant Risk Assessment & Agreement

Telehealth Stimulant Medication Agreement

This agreement is between AFYA Psychiatric Services and the patient _____,
for the safe and appropriate use of stimulant medication prescribed through telehealth.

By signing this agreement, I acknowledge:

1. I will take the medication exactly as prescribed.
2. I will not request early refills, share, sell, or misuse this medication.
3. I will only receive stimulant prescriptions from this provider, unless prior approval is given.
4. I understand that my provider will review my PDMP report regularly.
5. I agree to complete random drug screenings, either at a lab or via a mail-in test kit.
6. I understand that telehealth prescribing requires consistent follow-up appointments, typically every 30 days.
7. I will report any side effects, especially chest pain, mood swings, insomnia, or agitation.
8. I will notify my provider of any changes in my medical status, such as new medications, mental health changes, or ER visits.
9. I understand that stimulant prescriptions are a privilege, not a right, and may be discontinued if there is concern for misuse or noncompliance.

Patient Signature (Typed or E-Signed): _____

Date: _____

Provider Signature: _____

Psychiatric
Services, PLLC

*Your partner on the path
to mental health wellness*