



## Attention-Deficit/Hyperactivity Disorder (ADHD) Policy

At Jumirean Mental Health Group LLC, ADHD evaluations and treatment are conducted through a comprehensive psychiatric assessment process. Treatment recommendations are individualized and based on clinical judgment, patient safety, evidence-based standards of care, and applicable New Jersey and New York prescribing regulations.

### Practice Policies Regarding ADHD Treatment

<ul style="list-style-type: none"><li>• Two in-person visits are required before ADHD diagnosis consideration.</li></ul>
<ul style="list-style-type: none"><li>• A comprehensive psychiatric evaluation is required prior to initiation or continuation of ADHD medication treatment.</li></ul>
<ul style="list-style-type: none"><li>• Prior psychiatric records, neuropsychological testing, school records, or collateral information may be requested.</li></ul>
<ul style="list-style-type: none"><li>• Prescription of stimulant medication is not guaranteed and is based solely on the provider's clinical judgment and assessment of medical necessity.</li></ul>
<ul style="list-style-type: none"><li>• Controlled substance follow-up appointments are required at minimum every three (3) months and must be conducted in person.</li></ul>
<ul style="list-style-type: none"><li>• Prescription monitoring databases are routinely reviewed in accordance with state and federal regulations.</li></ul>
<ul style="list-style-type: none"><li>• Urine drug screening may be required when clinically indicated.</li></ul>
<ul style="list-style-type: none"><li>• Early refills for lost, stolen, damaged, overused, or misplaced medications are generally not provided.</li></ul>

• Medication adjustments, refill approvals, and treatment continuation require adherence to follow-up recommendations and treatment planning.

• Patients are expected to communicate honestly regarding substance use, medication adherence, and symptoms.

• The provider reserves the right to discontinue stimulant prescribing if there are safety concerns, evidence of misuse, diversion concerns, noncompliance, or violation of office policies.

• Telehealth prescribing limitations may apply in accordance with current federal and state controlled substance regulations.

### **Patient Acknowledgment**

I acknowledge that I have reviewed and understand the ADHD treatment policies of Jumirean Mental Health Group LLC. I understand that stimulant medications are controlled substances and that treatment recommendations are based on clinical judgment, patient safety, and compliance with office policies.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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