

PATIENT CONSENT TO MEDICATION MANAGEMENT & PRESCRIBED CONTROLLED SUBSTANCES

All medications are associated with risks, harmful interactions and benefits. Whenever any medication is taken, you are accepting all the risks associated with the medication. These risks are included in the medication packet inserts.

The long-term use of controlled substances such as opiates (narcotic analgesics), benzodiazepines, and other sedatives are controversial because there are no proven long-term benefits associated with their use. What is certain is the risk of an addictive disorder (psychological dependence/physical dependence) developing, as well as the risk or relapse occurring in a person with a prior addiction. Overdose of opiate medication may cause injury or death by causing a person to stop breathing.

I understand and accept that there may be unknown risks associated with the long-term use of substances prescribed. This medication can cause physical dependence, neonatal abstinence syndrome (if opioid medication is taken during pregnancy, the baby can also become dependent on the opioid medication); use of opioids may limit pain control options.

I understand that if pregnant and on controlled substances or opioids, my pregnancy may be adversely affected, and medication discontinuation or changes may be needed. Hence, I am responsible for notifying my doctor if I become pregnant, or if there is any possibility of pregnancy.

The risks and potential benefits of these therapies are explained elsewhere (and you acknowledge that you have received such explanation).

I will read each of the policies listed below and initial and sign in the spaces provided for me.

Medication Prescription and Refill Policies

- No prescriptions will be refilled on Saturdays, Sundays or Holidays.
- We require **3 business days** minimum to process prescription(s) renewal and/or pick-up requests for non-controlled substances.
- The patient is responsible for knowing when medications (s) will need to be refilled (no early refills).
- Prescription phone-in/pick-up: Monday-Friday during business hours **ONLY** (9am-4pm).
- Prescriptions will not be filled for unauthorized “walk-in” patients.
- Non-controlled/non-narcotic medication refills require follow up appointment not further than every **3 months**.
- Controlled-substances/narcotic prescriptions require a follow up appointment not further than every **30 days**.
- New symptoms and/or events require a clinic appointment. Provider unable to diagnose via phone.
- Signed “Controlled-Substance/Narcotic Policy” required if using narcotic/controlled medications.

By initialing here, I am indicating that I have READ and FULLY UNDERSTAND every single line on this page of the Medication Management Agreement. _____

- No early refills if medications are overused/abused/misused. Must follow prescription directions.
- No medication/prescription will be replaced if lost, stolen, misplaced, overused, etc. **Treat like money.**
- Medications are for the prescribed individual's use only. It is illegal to “share” your medicine.
- Patient must pick-up his/her prescription(s) in person, unless pre-authorized by staff.
- Patients receiving ongoing opioid or controlled-substance(s) CANNOT miss appointments; and if this occurs, cannot get refills of controlled-substance(s) or opioid medication(s) until the next re-scheduled “Chronic Pain” appointment date.
- If receiving ongoing opioid medication(s) or controlled substance(s), or under the Chronic Pain Service, you cannot receive refills or get changes in your controlled medications or opioid medications by coming to the Orthopaedic Urgent Care, for reasons including but not limited to missing appointment, medication not being effective, medication getting lost. You must wait for your upcoming “Chronic Pain” clinic visit appointment. If you miss your scheduled “Chronic Pain” clinic appointment, you may not be able to refill the medication on time, and may even go into withdrawal, which could be uncomfortable.
- Whenever there is a change in your controlled medication(s), for your safety, you are required to follow-up 2-weeks following the date of your controlled medication(s) was adjusted or changed.
- I will notify my treating and/or prescribing Spine Institute of Central Florida physician of any change in my medical condition, including pregnancy for females.
- I will take any and all prescribed medications only as directed by my physician or authorized associate.
- I will not obtain pain medications, or any controlled medications from more than one physician, I will not be involved in “doctor-shopping”, I will NEVER request early refills, and will NEVER request replacement of lost or stolen medications or prescriptions.
- I will NOT request refills after hours, on weekends, or on holidays. Controlled medications can NEVER be provided after hours.
- I will fully read the packet inserts of prescribed medications, in order to fully understand the risks and benefits of each prescribed medication. I will present any questions or concerns that may arise after reading the inserts to my physician.
- I will submit to random urine or blood prescription monitoring testing to ensure medications are utilized properly and as prescribed and that no illegal substances are present. I do acknowledge that if I do not present for the random urine or blood drug screen when requested I may no longer be able to receive any future controlled medication(s) or opioid medications from Spine Institute of Central Florida, and if receiving treatment under the Chronic Pain Service, I may be discharged from the Chronic Pain Service.
- If receiving treatments for Chronic Pain, or under the Chronic Pain Service, I acknowledge that Urine Drug Testing will be required for all Chronic Pain clinic visit, and will submit to urine drug testing during each Chronic Pain clinic appointment, to ensure medications are utilized properly and as prescribed and that no illegal substances are present.

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- I realize that it is my responsibility to keep others and myself from harm, this includes the safety of my driving and the operation of machinery. If there is any question of impairment of my ability to safely perform any activity, I will not attempt to perform the activity until my ability to perform the activity has been evaluated or I have stopped the medication long enough for the side effects to resolve. This applies to all medications prescribed by Spine Institute of Central Florida.
- Opioid use significantly increases the risk of having a fall, especially in older adults, which hence directly increases the risk of morbidities resulting from falls, such as serious fractures and other more severe injuries. Opioid use can also lead to cognitive impairment.
- I will keep all medications prescribed to me by Spine Institute of Central Florida, out of the sight and reach of children. **Accidental or deliberate ingestion by a child may cause respiratory depression that can result in death. If a child is exposed to one of your prescriptions medications, you MUST seek immediate medical attention.**
- I do understand that Spine Institute of Central Florida medical providers will NOT negotiate with me on what medication(s) to prescribe. Spine Institute of Central Florida medical providers will provide me with treatment that they recommend, and will explain to me why the treatment is being recommended.
- If receiving treatment for Chronic Pain, I am required to concurrently receive treatment with the Clinical Psychologist at Spine Institute of Central Florida as per Center for Disease Control and Prevention (CDC) Guidelines. This will help maximize my response to treatments, and improve symptoms while also minimizing my dependence on opioid medication(s).
- I do understand that while receiving treatment for Chronic Pain, I will NOT only focus on opioid medications for my treatment. I will follow advice of my treating providers, and will follow recommendations that involve also including other non-opioid related treatments with the aim of reducing my symptoms and discomfort, while minimizing the risks of treatment.
- I fully understand that Spine Institute of Central Florida and its providers are only responsible for providing medically necessary prescriptions to you. Spine Institute of Central Florida is NOT responsible for your successfully filling the prescribed medications. If your pharmacy does not carry the medication, or does not have enough in stock to fill your prescription, or if your pharmacy refuses to fill your prescription; it will be between you and the pharmacy. You may choose to find another pharmacy and change your pharmacy. That is fully up to you to make that decision. You must notify Spine Institute of Central Florida of your new pharmacy so as to update your records. You fully understand that Spine Institute of Central Florida will not be able to help you if you have a properly written prescription involving a medication that is not in national back order. Once you have a properly written prescription, it is your responsibility to find a Pharmacy that will be able to fill such medication for you.
- I understand it is extremely dangerous to self-administer non-prescribed benzodiazepines or other central nervous system (CNS) depressants (including alcohol) while taking your prescribed controlled substance(s).
- I will not use any illegal substances (cocaine, heroin, methamphetamine, LSD, marijuana, “crystal meth”, ecstasy, ketamine, mushroom, speed, etc.) while being treated with controlled substances. Violation of this will result in the cessation of the prescribing of any controlled substances and termination of care at Spine Institute of Central Florida effective immediately. Due to risks of death, there will be zero tolerance for using controlled medication(s) and illegal substances. If you are found to be using illegal substances while on the Chronic Pain Service, you will be immediately discharged from Spine Institute of Central Florida Chronic Pain Service, and will no longer receive any further controlled substances at Spine Institute of Central Florida.

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- I will not alter my medication in any way (for example crushing or chewing tablets) or use any other auto-delivery (for example injection or insufflations) other than as prescribed by Spine Institute of Central Florida.
- I do understand that if for any reason following assessment(s) or evaluation(s), I am placed at a high-risk pool for opioid related morbidities or misuse; I may have to be monitored closer, with more frequent evaluations, urine drug screens, psychological assessments for my own medical safety, so as to minimize risks to myself and others.
- I fully understand that disruptive and combative behavior will never be tolerated under any situation. As there are other patients at the facility receiving very serious medical treatments. And for the respect of all patients, medical staff and myself, I will NOT at any time be disrespectful of staff or medical providers, and will not be combative or argumentative because I did not get the medication or treatment that I was requesting. I do understand that there will be zero tolerance for combative and disruptive behavior. And if this occurs, I will be immediately discharged from Spine Institute of Central Florida.
- I do understand that from time to time blood work may be needed if on ongoing chronic medications, and will follow any recommended blood work to ensure there are no adjustments needed in my medications for my own safety.
- I understand that changing date, quantity or strength of medications or altering a prescription in any way, shape or form is against the law. Forging prescriptions or the provider's signature is against the law. We will fully cooperate with law enforcement agencies locally as well the Drug Enforcement Agency (DEA) regarding any infractions involving prescriptions medications. Violation of the law will be reported to the patient's pharmacy, local authorities and the DEA.
- I will discontinue all previously used pain medications, unless told to continue them by my physician at the Spine Institute of Central Florida. You, the patient, also agree to inform other treating physicians that you are under controlled substance agreement at Spine Institute of Central Florida.
- I agree to address any concerns or issues regarding my treatment with my physician or authorized associate.

By initialing here, I am indicating that I have READ and FULLY UNDERSTAND every single line on this page of the Medication Management Agreement. _____

PLEASE CONTINUE TO NEXT PAGE

- I agree to obtain my prescriptions from one pharmacy. The pharmacy I have selected is:

Name: _____

Locations: _____ Phone: _____

- I understand that any violation of the policies contained herein may result in my permanent and irreversible discharge from the Spine Institute of Central Florida.

These protocols are per recommendations of the DEA

I, _____, understand, accept and agree to the protocols listed above, and agree with each item of this contract, and understand that I may choose to seek care elsewhere if I am not willing to follow this agreement. I understand that failure to comply will lead to immediate termination of all prescription medications.

This consent was signed by:

Printed Name – Patient or Representative

Signature

____/____/____
Date

Witness:

Name

Signature

____/____/____
Date