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Troy, MO 63379  
636-728-9460



**REGEN ORTHO SPINE & PAIN**

407 Meramec Blvd  
Eureka, MO 63025.  
636-333-3700

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

**Pain Management Consent Agreement**

The purpose of this agreement is to comply with the law regarding controlled pharmaceuticals and to prevent any misunderstandings about any controlled medication you may be given for pain. In order for our providers to form the safest treatment plan for you, it's important that you understand this pain agreement clearly. Narcotic medications have a high potential for abuse, which may cause serious risk when used improperly.

- My first visit may be a consultation only and no pain medication given at that time because further research and/or testing may be required.
- Pain management includes medication, injections, physical therapy, chiropractic therapy, and other possible treatments that IPC/ROSP may deem necessary.
- Follow up appointments may be scheduled with a Licensed Nurse Practitioner or Physician Assistant. Refusal to see one of IPC/ROSP providers will likely result in discontinued treatment at IPC/ROSP.
- It is my responsibility to update IPC/ROSP with any changes in name, address, phone number, and insurance. Due to the risks associated with medications the provider needs to be able to reach you at all times. I agree to return all phone calls from IPC/ROSP as soon as possible but definitely within 24 hours.
- Appearing in person for appointments are critical to the treatment process and I will not cancel/reschedule unless absolutely necessary. In the event that I cancel/reschedule my appointment within 24 hours, a fee of \$25 per 15 minutes I was scheduled will be added to my account. Canceling and rescheduling appointments may result in IPC/ROSP determining that I am unwilling or unable to comply with the treatment.
- It is my responsibility to notify IPC/ROSP if I have any medical conditions including but not limited to pregnancy, cancer, and disease. I will notify if I plan to become pregnant, of any upcoming medical procedures or treatment plans from other providers. I authorize IPC/ROSP to discuss my medical history and treatment plans pertaining to my pain treatment with any of my other providers; my primary care physician, pharmacists, and other specialist physicians.
- If requested by the provider, I will submit blood, urine or saliva tests to determine compliance with my pain medication. I authorize IPC/ROSP to investigate any possible misuse of pain medication using any city, state or federal law enforcement agency, including this state's Board of Pharmacy
- The provider can request at any time that I bring my medications in to the office within a specified time to be counted.
- All medications prescribed by IPC/ROSP are required to be brought to every appointment even if the bottle is empty.
- Non-professional/inappropriate behavior toward any IPC/ROSP patient, staff, affiliate or provider will not be tolerated. Respectful manners shall be given through all communications, in the waiting room, hallways, parking lot, and exam rooms. Loitering will also not be tolerated in or outside any IPC/ROSP locations.
- Medications are to be used as prescribed by no one other than the prescribed patient whose name is printed on the bottle. Self-medicating will not be tolerated. Medication is to be taken as given by the pharmacy, not altered or taken in any other route than as prescribed. I will notify IPC/ROSP immediately if any side effects start to occur after starting a new medication. I will not discontinue my medication by my own judgment as this may result in withdrawal symptoms. If at any time withdrawal symptoms occur I will discuss them with my provider. Refills and changes to prescriptions will only be addressed during my appointment with the provider. Once a prescription has been filled, all questions regarding that prescription should be directed to that pharmacy. IPC/ROSP does not under any circumstances mail prescriptions. Changing pharmacies is allowed once per calendar year and all prescriptions will be sent to the one pharmacy unless there is an insurance reason not to.
- "Compounded" medications are regulated differently than other medications found at commercial pharmacies. If I am prescribed "compounded" medication from a specialty pharmacist, questions regarding this prescription will be directed to that pharmacy. IPC/ROSP may provide a list of these pharmacies upon request.

- Lost/stolen medication will not be replaced. It's my responsibility to ensure medication is safely guarded from children and other individuals.
- The use of illegal substances and medical marijuana cannot be combined with narcotic medications, per the DEA. The combination of alcohol and controlled substances may result in serious harm or even death. If advised by IPC/ROSP to discontinue use of alcohol I will do so for my safety.
- Obtaining medication from another provider or individual is strictly prohibited. I will notify my provider of all street drugs or medicine not prescribed to me by IPC/ROSP. In the event of an emergency and an ER visit is required, it is my responsibility to notify the emergency treating provider of my ongoing pain management with IPC/ROSP. If an emergency treatment provider prescribes me controlled substances, it is my responsibility to notify IPC/ROSP before starting the new medications so IPC/ROSP can check for any issues when combining the medications.
- Controlled substances have inherent risks, namely:
  - Loss of efficacy over time, withdrawal symptoms if abruptly stopped, and addiction.
  - Medication taken in excess can result in respiratory suppression/failure or death.
  - Sedation, loss of function, or impairment may also occur. Driving while under the influence of any controlled substance is strictly prohibited.
  - Constipation, allergic reaction, itching, nausea and dry mouth are common side effects.
  - Chronic opioids can cause suppressed immune system and hormone levels may decrease over time.
- Non-compliance with my treatment plan may result in IPC/ROSP inability to properly treat my symptoms and could cause symptoms to worsen or become life threatening.

I have read all of the above statements and acknowledge that the goals of pain management have been explained to me as to what is considered appropriate and that alternative treatment plans, outside the use of controlled pain medications, will be available to me. I agree to proceed with pain management after this full explanation of risks and benefits. If I break this agreement, it will result in a change of my treatment plan, including safe discontinuation of opioids when applicable or complete termination of the provider/patient relationship.

*Signature of Patient:* \_\_\_\_\_ *Date:* \_\_\_/\_\_\_/20\_\_

### **Informed Consent for the Use of Controlled Substances**

This letter of understanding is acknowledged by me and IPC/ROSP in order to define my role in the management of chronic pain with the use of controlled substances; narcotics and opioids. It also outlines risks and benefits of treatment.

If I receive any acute medical procedure from another provider that requires pain medication, I will maintain my current pain treatment with IPC/ROSP and not ask the other physician for additional medication.

I agree that my treatment plan has been explained to me in a way that I understand its purpose, possible side effects, risks and benefits. I understand there are possible complications associated with these types of treatments. I know it's unrealistic to expect complete pain relief, but it's possible to achieve reduction in pain that improves my quality of life.

I may achieve significant pain relief for long periods of time using narcotics. I am aware that complications may occur while taking this medication (eg: constipation, nausea, sedation, mental confusion). These side effects could potentially; mask physical pain to other serious medical conditions, produce psychotic states (eg: nightmares, hallucinations, depression), interact with other mind-altering drugs (eg: sedatives, tranquilizers, sleep aids, alcohol) resulting in over sedation or addiction, and cause the development of other short-term side effects (eg: respiratory suppression, nighttime muscle jerking, sweating, urinary retention, dry mouth, itching).

I understand that any side effects are temporary and may go away time and ongoing treatment. Initially, narcotic medicine may cause drowsiness and slow reflexes. I will avoid driving or using dangerous equipment that requires high alertness. Persistent drowsiness may be due to an interaction between narcotics and other medications.

I know using narcotics will result in physical dependence to the narcotics and withdrawal will occur if I suddenly decrease or discontinue use of the narcotic. Withdrawal is uncomfortable but not life threatening. Before reducing or stopping narcotics, I will notify IPC/ROSP so they can supervise a slow reduction of narcotics, reducing withdrawal symptoms. Over time I may grow tolerance to narcotics resulting in needed increased dosage or substitution to other medications for desired effect.

Taking narcotics during pregnancy may result in the child being physically dependent at birth. I will notify my obstetrician of my treatment plan so they can be prepared for me and my child.

Controlled substances prescribed on a long-term basis create risk of addiction. However, addiction is rare for patients prescribed narcotics for chronic pain management. Narcotic addiction is not the same as physical dependence. Addiction involves abuse of prescriptions for non-medical purposes (eg: to get high, unauthorized rapid increase of dosage and the sale/offer/sharing of medication to anyone else). People with history of substance abuse or their children are at a higher risk for developing addiction to narcotics. I will not use other sedating medication while on narcotics without IPC/ROSP's approval. Mind altering drugs (eg: alcohol and marijuana. Not including caffeine or nicotine) will be restricted unless the substance is prescribed to me and approved by IPC/ROSP. Random urine or blood screenings will be required of me within certain time frames to determine compliance with my treatment.

I will use only the prescribed medication for my pain management unless I experience a medical emergency. I will notify IPC/ROSP of any medical emergencies/services I have received as soon as I am able to, especially if any medications have been administered or prescribed to me.

It is my responsibility to contact IPC/ROSP prior to running out of medication to prevent treatment interference. I am aware that IPC/ROSP cannot fill my medications early and I need to pay close attention to expiration dates. It is my responsibility to secure my medications from anyone other than myself to avoid misplaced, stolen, or lost medications.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_\_

### Financial Policy

It is important that the patient understands the terms of their medical coverage. Contact your insurance provider if you have any questions about your coverage.

If you have Medical Insurance:

- If your policy requires an insurance referral, contact your primary care physician prior to seeing a specialty provider. If an insurance referral is required by your insurance and one is not obtained previous to your appointment you will be responsible for all costs or IPC/ROSP can cancel your appointment.
- Bring your insurance cards to our office at every visit in case there are any issues.
- We will submit claims to your primary and secondary insurances. It is your responsibility to ensure we have up to date insurance information and supply any information needed to your insurance company that they request from you.
- Your insurance co-payments are required before every visit. Failure to collect may constitute fraud under state and federal law and therefore we will be unable to see you until co-payment have been collected.
- Any coinsurance or deductible amounts required by your insurance will be billed to you by IPC/ROSP after being processed by your insurance.
- IPC/ROSP won't waive or fail to collect any co-payments, co-insurance, deductibles, or other patient responsible balances in accordance with state and federal law. Full or partial financial responsibility may only be waived in accordance with the practice's Financial Hardship Policy.

If you have an ongoing balance:

- Any balance that remains delinquent after 90 days with no response to requests or payment may be referred to a collection agency. You will be held responsible for all costs associated with the collection agency and legal costs.
- Any balance that has had no payment arrangements or hardship requests for longer than 120 days may be discharged from IPC/ROSP. You will receive a prescription for up to 30 days to seek alternative care. During this 30 day period IPC/ROSP will only be able to treat you in emergency situations.
- Balances have to be paid off before the end of the calendar year in order to continue treatment in the New Year.
- We accept Cash, Money Order, Check, Cashier's Check, and Credit/Debit cards. There is a fee of \$35 for any returned checks.

I understand the financial policies of Interventional Pain Care and Regen Ortho Spine & Pain and agree to abide by their financial policy. I am financially responsible for all treatments and services received even if my insurance does not cover them.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_\_