

Opioid Therapy Statement

At Central Florida Pain Specialists, we do not prescribe high doses of opioid medications. A growing body of research continues to show that high dose opioid therapy has much greater risks for patients with few long-term benefits as compared to lower doses.

We believe that a unilateral approach that over relies on prescription medication will not provide you with sustainable results. The treatment plans we provide are comprehensive, safe, minimally invasive and clinically proven to be highly effective. For these reasons we go to great lengths to protect our patients from the significant risks that are associated with opioid therapy which are also known as narcotic medications. We stringently follow DEA recommendations regarding prescribing opioid medications. Further, we only prescribe opioid medications if we determine that a patient's pathology warrants their use; the patient satisfies specific criteria; and the patient has failed other, lower risk treatment options

Medications refills will not be filled after work hours, on weekends, or on holidays or outside the parameters of state and federal guidelines. It is the patient's responsibility to request medication refills by making a scheduled appointment to be seen and/or examined by the physician during normal business hours.

I am aware that the use of such medicine has certain risks associated with it, including but not limited to, sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, adrenal insufficiency, slowing of reflexes or reaction time, physical dependence, tolerance to analgesia, addiction and possibility that the medicine will not provide complete pain relief. This decision has been made based on my current medical condition.

I am aware of the possible risks and benefits of other types of treatments that do not involve the use of Opioid/controlled medications. I will tell my physician about all other medicines and treatments that I am receiving.

I will not be involved in any activity that may be dangerous to me or someone else if I feel drowsy or am not thinking clearly. I am aware that even if I do not notice it, my reflexes and reaction time might still be slowed. Such activities include, but are not limited to: Using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care for his/her self.

I am aware that certain medicines such as nalbuphine (Nubain), pentazocaine (Talwin), buprenorphine (Buprenex), and butorphanol (Stadol), may reverse the action of the medicine I am using for pain control. Taking any of these medications while I am taking my pain medicines can cause symptoms like a bad flu, called a withdrawal syndrome. I agree not to take any of these medicines and to tell any other physicians that I am taking pain medications and cannot take any of the medicines listed above.

I agree, and understand the statement above.

(Patient Initials _____)

I am aware that the development of addiction has been reported rarely in medical journals and is much more common in a person who has family or personal history of addiction. I agree to tell my physician my complete and honest personal drug history and that of my family to the best of my knowledge. I understand that physical dependence is a normal, expected result of using these medicines for a long time. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine is markedly decreased, stopped or reversed by some of the agents mentioned above, I will experience a withdrawal syndrome. This means I may have any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and flu-like feeling. I am aware that Opioid withdrawal is uncomfortable but not life threatening.

I am aware that tolerance to analgesia does not seem to be a big problem for most patients with chronic pain; however, it has been seen and may occur to me. If it occurs, increasing doses may not always help, and may cause unacceptable side effects. Tolerance or failure to respond well to Opioids may cause my physician to choose another form of treatment.

I understand that failure to comply with the prescribed medication plan may lead to increased urine screenings on a frequent basis and random basis for medications that are prescribed to me. I also understand that if my physician suspects I am abusing medications, diverting use of my medications or have a problem with taking opioid due to addiction, I may be referred to a certified addiction specialist for further counseling. Failure to follow advised therapy or treatment may be cause for discharge from the practice.

I understand to receive narcotic medications you must be seen in the office every 30 days. I understand that if THC, a marijuana metabolite is found in my urine drug screen whether for recreational or medical use my physician reserves the right to modify or terminate my opioid therapy. I understand that Central Florida Pain Specialists will be the only health care provider to prescribe narcotic medications.

MALES ONLY: I am aware that chronic Opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance. I understand that my physician or family physician may check my blood to see if my testosterone level is normal.

FEMALES ONLY: If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetric physician and this office to inform them. I am aware that, should I carry a baby to delivery while taking these medicines; the baby will be physically dependent on Opioids. I am aware that the use of Opioids is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect or develop life threatening neonatal opioid withdrawal syndrome while I am taking an Opioid.

I agree, and understand the statement above.

(Patient Initials _____)

Summary of Guidelines for Opiates Therapy:

1. The patient must provide copies of reports from previous and concurrent treating physicians.
2. The patient must provide Central Florida Pain Specialists accurate patient address and phone number and keep us up to date of any changes in their personal information.
3. Central Florida Pain Specialists will be the only health care provider to prescribe narcotic medications.
4. The patient must provide us with the name and phone number of the pharmacy that the patient is using and keep us up to date with any changes.
5. The patient must be seen for regular office visits to receive a medication refill. Prescriptions will be written for a 30-day supply.
6. The patient is responsible for all prescriptions/medications given and must understand that if the prescriptions/medications are lost, misplaced or destroyed; the prescriptions/medications cannot be replaced.
7. We reserve the right to do a random pill count. It is your responsibility to take the medications as prescribed by your physician, do not increase at your own discretion.
8. No refills will be made after hours, on weekends or holidays.
9. Other therapies may be ordered to assist the pain management such as nerve blocks, TENS, physical or occupational therapy, psychological counseling as appropriate to the diagnosis.
10. "Street Drugs" such as marijuana, cocaine, amphetamines, etc. are in themselves dangerous and illegal. Mixed with some of the medicines often used in pain management, the combination could be lethal. Evidence of altering a prescription or obtaining controlled substances from other sources will require notification of law enforcement agencies as needed.
11. We will randomly check the patient's urine for compliance with therapy. The urine will be tested for the presence of the prescribed drugs as well as several other drugs, including illegal drugs.
12. The patient understands that if their urine sample contains illegal substances, we may end the patient-doctor relationship.
13. The patient has the right to refuse such random urine testing. Central Florida Pain Specialists reserves the right to end the patient-doctor relationship on a patient that refuses to comply with our urine drug testing policy.

The patient authorizes any physician office, hospital, or clinic to provide full details of medical history and treatment to Central Florida Pain Specialists for the use of continuity of care by completing a medical release form up to date.

Any breach of these guidelines may result in the patient being discharged from the practice of Central Florida Pain Specialists.

I have read this form or have had this form read to me. I understand all of it. I have had a chance to have all of my questions regarding this treatment answered to my satisfaction. By signing this form voluntarily, I give my consent for the treatment of my pain with Opioid pain medications.

Patient signature

Date

Patient Name (PRINT)

Date

Witness printed name and signature

Date

I acknowledge this agreement but I am signing that I am declining any medications.

Name (PRINT)

Patient

Date

Urine Toxicology Screen Policy

This notice is to inform all patients as to why you have been asked to give a urine specimen and information regarding billing of the specimen. In an effort to provide timely service while reducing energy and cost to our patients, the physicians have assumed the responsibility of providing laboratory services for urine screens. The physicians have an ownership interest, and understand if you, the patient request to send your lab work to a secondary facility, we will gladly honor that request.

In an effort to deter Pill Mill activity, in January 2010, the State of Florida changed rules and laws pertaining to all pain management practices or clinics. Florida Rule: 64B8-9.0131 was passed by the Florida House and all “pain management” practices must be in compliance. This rule states that all patients receiving care must be tested at a minimum of twice yearly to ensure that there are no inconsistencies, and/or medications that you are taking are being metabolized in an effective manner, in order to better treat your pain. Unfortunately, this testing is to be done whether you are being prescribed no medication or multiple medications. If there are inconsistencies in your results, it is up to the physician/practitioner to retest randomly as needed in accordance with our risk mitigation strategies.

Central Florida Pain Specialists understands that this testing may come as an added expense to you, and we do apologize for any inconvenience this may cause. We will make every effort to keep your expenses down and still maintain our contracts with your insurance carrier, as to keep claims “in network”, with your insurance. Therefore, it is important to confirm correct insurance information at every office visit, to ensure that your claim is filed properly. Central Florida Pain Specialists makes every effort to provide accurate insurance information, but sometimes your outgoing information may be incorrect or not updated. By verifying insurance information, you are able to reduce any issues and resolve questions directly with the outside laboratories.

Print Name of Patient