

MEDICAL ASSOCIATES OF NORTH GEORGIA

Pain Clinic Director:
Steven M. Lobel, MD
Board Certified:
PM&R and Pain Medicine

Program Director:
Medical Associates
Pain Medicine Fellowship

Specializing in Interventional Spine and Sports Medicine

Informed Consent and Agreement for Treatment

I, _____, understand and agree to follow the policies of Medical Associates of North Georgia (MA) as set forth below. I understand that MA is under no obligation to prescribe these medications for me. I also understand that there may be other, more reasonable treatment options available for my condition that my doctor may recommend instead of or in addition to the use of these medications.

DEFINITIONS OF OPIOIDS, BENZODIAZEPINES, AND OTHER CONTROLLED SUBSTANCES

I understand the definitions of these medications to be:

1. **Opioid** - An opioid medication is a derivative of morphine or similar compound and thus has strong pain relieving properties.
2. **Benzodiazepine** - A benzodiazepine is a sedative-hypnotic. Its primary role is for the treatment of anxiety.
3. **Other related drugs** - For the purposes of this agreement, "other related drugs" includes medications such as muscle relaxants (e.g., Flexeril), membrane stabilizers (e.g., Neurontin), and non-narcotic analgesics (e.g., Ultram). These medications may cause sedation, altered mental status, occasionally dangerous withdrawal effects when stopped abruptly, and may have medication interactions similar to or different from opioids or benzodiazepines.
4. **Controlled Substance** - For the purposes of this agreement, a controlled substance will apply to opioids, benzodiazepines, or other related medications as described above.

RISKS OF OPIOIDS, BENZODIAZEPINES, AND OTHER RELATED MEDICATIONS ("CONTROLLED SUBSTANCES")

I understand that these medications have potential risks with the most significant being:

1. **Physical Dependence**—Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.
2. **Addiction**—Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.
3. **Overdose**- Taking too much of one or more medications may lead to respiratory arrest and death.
4. **Altered Mental Status**- These classes of medications may cause confusion, sedation, drowsiness, problems with coordination, and changes in thinking ability. This may make it unsafe for you to drive a motor vehicle, operate hazardous equipment and machinery, or perform dangerous activities. Other side effects may include but are not limited to, the following: nausea, constipation, unsteadiness, decreased appetite, difficulty urinating, depression, and loss of sexual drive with testicular atrophy (in males).

CONDITIONS OF AGREEMENT

1. I understand that Controlled Substances may be prescribed by my physician only if he determines that such treatment has a reasonable chance of improving my quality of life, ability to participate in work activities, and social activities.
2. I do not currently have problems with substance abuse (drugs and/or alcohol).
3. I am not involved in the use, possession, diversion, or transport of illegally obtained controlled substances.

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4. I agree to use these medications only as prescribed to me and will not take more of these medications than instructed. I agree to not allow other individuals to take my medication nor will I take medication prescribed to another person.
5. I understand the risk of controlled substances to unborn children and will notify MA if I am or become pregnant.
6. I will obtain controlled substances only from MA and not from any other source unless a true medical emergency exists. I will notify MA in advance of any anticipated acute needs (dental work or surgery).
7. I agree to accept generic brands of my controlled substances if available.
8. If it appears to my physician that the use of controlled substances is not providing a demonstrable therapeutic benefit such as improvement in daily function or improved ability to participate in the treatment program, if the controlled substances being prescribed are expected to be the mainstay of pain treatment when other medical options exist and are practical, or that addiction, rapid loss of effect, or significant side effects are developing, I agree to gradually taper my medication as directed. If a substance abuse problem is suspected, I understand that I may be referred for evaluation and management of the problem.
9. I agree to keep my scheduled appointments prepared to provide a urine sample. Failure to provide a sample may result in suspension of treatment with controlled substances and possibly discharge from MA.
10. I agree to bring my medications to the office for random pill counts to assess compliance with treatments. Failure to provide medication for inspection may result in suspension of opioid treatment.
11. I agree to comply with my physicians' request for additional imaging studies, lab tests, diagnostic procedures (with separate informed consent), and referrals to additional specialists as recommended by my physician.
12. I understand that MA is a specialty consulting practice. The MA staff will communicate with my Primary Care Provider, Specialists, Pharmacists, Therapists, and Family to assist in determining the best course for continued treatment for chronic pain. My care may be transferred back to my Primary Care Provider for continued prescriptions of controlled substances once my medical regimen has been optimized.
13. All of my controlled substance prescriptions will be filled at the same pharmacy. Should I choose to change pharmacies, I will notify MA immediately.
14. **Early refills are not provided. Medications may be prescribed at office appointments only. Medical Associates of North Georgia will not prescribe any medication after hours or on weekends. Medical Associates of North Georgia will not prescribe replacement medications should they become misplaced, stolen, or destroyed.**

Consequences for not following the treatment agreement are as follows:

I understand that any violation of this agreement may pose a health risk to myself and others and may result in a discontinuation of treatment with controlled substances if deemed medically prudent. Violation of this agreement may result in dismissal from the care of Medical Associates of North Georgia as well as reporting any illegal activities to appropriate law enforcement agencies. All patients who demonstrate difficulties managing their controlled substance medications will be referred to an Addiction Psychiatrist and/or a Clinical Psychologist for further evaluation.

I have read this document, understand it, have had all questions regarding risks and conditions of the agreement answered satisfactorily, and I agree to all of its elements.

Patient Signature: _____ Date _____

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