
CARDINAL PAIN CENTER PA

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GUIDELINES FOR CHRONIC NARCOTIC ADMINISTRATION

The successful management of chronic pain involves many modalities including, but not limited to, physical therapy, surgical consultation, injection therapy, stress reduction, biofeedback, and oral medications. Occasionally, upon the mutual agreement of the patient and the pain management physician, it may be necessary to institute long-term opiate administration to achieve satisfactory pain control. The following are guidelines that will be helpful in managing the long-term administration of narcotic medications. Prior to initiating this therapy the patient will read the following guidelines, and discuss them thoroughly with the provider.

- **Patient agrees to fill prescription medications at one pharmacy only.** This pharmacy will be responsible for all medications prescribed during treatment.
- **Pain medication prescriptions will be obtained only from the pain clinic office.** "Doctor shopping" for additional pain medications from other physicians is discouraged, and if this occurs will jeopardize the physician/patient relationship. Patients must make an office visit for their pain medication refills-no refills are done over the phone or fax.
- **Please take only the amount of medication prescribed.** Narcotic analgesics will hopefully make your pain more tolerable, but they should not be used to relieve stress or to promote sleep. If your pain worsens or if there is a change in your symptoms, please make an appointment to be seen in the office.
- **Lost or misplaced medications or their prescriptions will not be refilled at an early date.** After hours or weekend calls for refills are not emergencies and won't be responded to by the on-call provider.
- **Emergency room visits for pain medication are discouraged.** The emergency room is an inefficient way to achieve pain reduction and may involve a long wait and the risk that no medication will be dispensed. It is unlikely that the pain management physician will be available for patients in the emergency room.
- **Patient also agrees to continue with other modalities of chronic pain management** as deemed appropriate by the referring physician and the pain clinic physician. This will most likely include physical therapy, biofeedback, relaxation therapy, counseling, and other methods to help handle the stress of chronic pain.
- **Patient authorizes Cardinal Pain Center to obtain information** concerning medications prescribed, amount, and frequency from pharmacies and other physician offices.
- **Patient agrees to have a random drug screen** when ordered by a provider, the results of which might cause termination from the practice
- **Patient reports to any Cardinal Pain Center any problems with memory disturbance or problems in remembering how and when to take their medications.**

NARCOTIC THERAPY - SIDE EFFECTS, RISKS AND COMPLICATIONS

The patient understands that narcotic analgesics may result in physical dependence that ultimately may require slow weaning once the pain condition improves. Immediate discontinuation of this medication is not advised. Tolerance to the medication may develop after long-term usage which means that ultimately these medications may become less effective. Other side effects may include...

- Respiratory depression resulting in respiratory arrest and/or death, as well as resultant cardiac arrest &/or death.

- Tolerance and/or physical dependence necessitating tapered discontinuation of the medications.
- Withdrawal phenomenon with abrupt discontinuation of the medication causing significant side effects such as palpitations, diaphoresis, elevated pulse and blood pressure.
- Disorientation, resulting in falls and resultant significant injury.
- Constipation and bowel obstruction, and even bowel perforation, possibly requiring surgical intervention and potentially resulting in ischemic (dead) bowel, sepsis and death.
- Allergic and/or anaphylactic reactions to the medications resulting in hypotension, tachycardia, arrhythmias, respiratory or cardiac arrest, and death.
- Potentiation of other sedative medications causing additive and/or synergistic interactions and greater than expected or enhanced side-effects

PRECAUTIONS

(1) Patients taking anticoagulants are at particularly high risk since any kind of trauma (falls, etc) could result in life-threatening hemorrhage, intra-cranial bleeding, and death).

(2) Extremes of age. The very young and the elderly may exhibit marked and dramatic side effects from narcotic medications, even in low doses.

(3) Patients with other significant medical problems (heart or lung disease, other) are at increased risk for complications.

(4) Patients taking sedative medications or central nervous system depressants should use narcotics sparingly if absolutely necessary and in reduced doses due to additive and synergistic effects.

(5) It is especially important to keep your medications in a secure location, and preferably, under lock and key to avoid others (including children) from obtaining access to these potentially deadly substances.

(6) Narcotic analgesics should not be used during pregnancy. By signing this, I acknowledge that I am not pregnant and that it is my responsibility to notify my physician if I am planning a pregnancy or if I become pregnant.

WHAT NOT TO DO WHILE TAKING NARCOTICS

- Any kind of activity where judgement is required - i.e. signing important documents, caring for the sick, the elderly, or the very young.
- Driving or operating machinery
- Working in high-risk areas (ie, construction sites, elevated work sites, working with power tools, etc)
- Drinking alcohol or using recreational drugs is prohibited while on narcotics due to potent and unpredictable enhancement of central nervous system depression of these substances when taken together.

All questions were answered to the patient's satisfaction. The patient was encouraged to ask any additional questions or seek clarification for anything which was not clear in the guidelines. Additionally, non-narcotic management treatment options were offered. These were declined by the patient.

I have read the above guidelines and will make every effort to follow these guidelines during my chronic pain management.

MEDICATION POLICY

In order to run our practice as efficiently as possible we would like to explain our medication policy:

We do not refill medications over the phone or by fax. Please come to your appointment with all of your pain medications in the actual bottles. Please remember, the medications we prescribe should be taken only as directed, and should last until your next appointment with our office.

It is our policy not to provide or refill medications early. If medications are taken more often than prescribed, or are lost or stolen, they cannot be replaced.

2. If you have a change in your pain levels, we ask that you call immediately to make an appointment with our office. You will then receive an individual consultation as soon as our schedule will allow. These visits help us to closely monitor your condition and your response to medications.

We ask that our medication refill telephone line be used sparingly. Spending time answering pharmacy requests prevents us from caring for patients in the office.

4. Remember that your pharmacist is well-educated regarding medications, and is a valuable resource for information.

Thank you very much for reviewing this policy.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY

CARDINAL PAIN CENTER is a healthcare entity that is issuing this Notice of Privacy Practices about the information we share in common and your legal rights and our common duties with respect to your health information.

OUR PLEDGE TO YOU:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care, bill for your care, and comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether made by our staff and authorized trainees, or by your personal doctor. This notice tells you about the ways in which Cardinal Pain Center may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe our obligations regarding the use and disclosure of your health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

Cardinal Pain Center doctors, nurses, pharmacists, laboratory technicians, and other health care professionals may use health information about you to provide you with health care **treatment** or services. We may also disclose health information about you to others who are involved in taking care of you. For example, we may send health information about you to a specialist as part of a referral.

Cardinal may use and disclose health information about you to obtain **payment** for the treatment and services you receive from us. For example, we may send **billing** information to your insurance company or Medicare. We may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Cardinal may send you a statement of your account if payment is due from you. We may send the guarantor (responsible party for payment) monthly statements for charges for all patient's under that guarantor.

Cardinal may use and disclose health information about you to support our health care **operations**. For example, we may use health information to review the treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to decide what additional services we should offer. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

We may disclose information to notify a **family member or other person responsible for your care** about your condition, status, and location.

If you are admitted and unless you tell us otherwise, we may provide your name, location in the hospital, and your general condition (good, fair, etc.) for information to be included in a **patient directory** and make this information available to anyone who asks for you by name.

We may use and disclose health information to contact you for an **appointment reminder**, to tell you about **health-related services** or recommend **possible treatment options or alternatives** that may be of interest to you, or to contact you about supporting **our fund raising** efforts.

Subject to certain requirements, we may use or disclose health information about you **without your prior authorization** for other reasons:

We may give out health information about you for **public health** purposes; to **report abuse or neglect**; for **health oversight reviews**; in **research** studies; for **funeral arrangements** and **organ donation**; in response to special **law enforcement** requests, valid judicial or administrative orders, or for authorized national security and intelligence activities; for **workers' compensation** purposes; to **avert a serious threat** to your health or safety or those of the public or another person; and when **required by law**. If you are or were a member of the armed forces, we may release information about you as required by military command authorities or the Department of Veterans Affairs. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

In any other situation not covered by this notice, we will ask for your written **authorization** before using or disclosing your health information. You may **revoke** this authorization for any subsequent disclosures by notifying us in writing.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the right to request in writing that you **inspect and obtain a copy** of the health information that we use to make decisions about your care. We may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. If we deny your request to inspect or obtain a copy in certain limited circumstances, you may request that the denial be reviewed. Another licensed health care professional chosen by Cardinal Pain will review your request and the denial and we will comply with the outcome of that review.

If you believe that health information we have about you is incorrect or incomplete, you may make a written request to ask us to **amend information**. The request should state the reason for the amendment and specific information to be amended. The amendment must be limited to one page. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously noted.

We may deny your request for an amendment if the information to be amended was not created by us, is no longer maintained by us, is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. We will notify you if we deny your request for amendment and you may appeal, in writing, our decision. Any statements of disagreement or rebuttal will be linked to your health information and made a part of any subsequent disclosure we make of such information.

You have the right to make a written request for a **list of disclosures** we have made of your health information, except for uses and disclosures for treatment, payment, and health care operations, as previously described, and those for which you have authorized disclosure. We will not charge you for the first list you request within a 12-month period, additional requests will be charged according to our cost for producing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to **request a restriction** on the health information we use or disclose about you for treatment, payment, or health care operations. There may be risks associated with such restrictions and we may ask you to acknowledge these risks in writing for certain requests you may make. ***We are not required to agree to your request for restrictions*** if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You have the right to request, in writing without requiring you to state a reason, that **confidential communications** with you be made in an alternative manner or location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

WRITTEN REQUESTS

If you have any questions about this notice, please contact: Cardinal Pain COPIES OF NOTICE AND CHANGES

You have the right to obtain a paper copy of this notice at any time.

We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

COMPLAINTS

If you are concerned that your privacy rights may have been violated or you disagree with a decision we make about your health information, you may contact us.. You may also send a written complaint to the U.S. Department of Health and Human Services. We can provide you the address.

Under no circumstances will we ever ask you to waive your rights under this notice or retaliate against you in any manner for filing a complaint.

Please sign the attached acknowledgement that you have received our Notice of Privacy Practices

Acknowledgement of Receipt of Notice of Privacy Practices, Narcotic Policy and Medication Policy

Cardinal Pain Center

I received a copy of the Notice of Privacy Practices, Narcotic Policy, Medication Policy from the above noted entity.

Signature: _____

Date: _____

Print Name: _____ Personal Representative: _____

If Personal Representative, Please Note Relationship to Patient

FOR OFFICE USE ONLY

By: _____ Date: _____

Signature of Patient

Printed Name

Date