



William H. Megdal, M.D.
Benjamin E. McCurdy, M.D.
Daniel S. Thomas, M.D.
830 King Avenue
Athens Georgia 30606
(706) 425-2400 Office
(706) 425-2410 Fax

Controlled Substance Agreement Informed Consent Form

The following agreement relates to any and all use of Controlled Substances that might be prescribed to me by a physician at Athens Spine Center. This type of medication is prescribed solely upon the medical findings and if it correlates with the treatment plan. I recognize that there are State & Federal regulations regarding the use of Controlled Substances that are followed by all the staff at Athens Spine Center. If I am provided Controlled Substances for the treatment of my chronic pain, they will only be prescribed while I am actively participating in the program and only if I adhere to the following regulations.

- Any medication prescribed will be maintained within the parameters dictated by an Athens Spine Center physician. I will not deviate from the medication-dosing schedule, this includes increasing my dosage or abruptly stopping my dosage without authorization from the Athens Spine Center physician.
- All medications will be kept up and out of the reach of any children or irresponsible adults.
- Controlled Substance prescriptions will not be refilled for 'lost' or 'stolen' medications, even with a police report. Refills will not be given before the next scheduled refill date due to the self-escalation of opioid usage.
- Prescriptions can only be given to the patient or an authorized representative. They cannot be mailed or picked up by someone not listed.
- I will accept the generic version of prescription medication.
- I will receive controlled substances from Athens Spine Center **only**. I will alert Athens Spine Center if I have been hospitalized or gone to the Emergency Room and received any pain relieving medications. Information that I have filled a pain medication prescription outside of Athens Spine Center could lead to a discontinuation of treatment
- I will not take any illegal drugs or medications prescribed to an individual other than myself. I will also not give any prescribed medications to another person. The use of alcohol with narcotic prescriptions is against clinic policy. Do not take any sedatives without first alerting the prescribing physician that you are on a narcotic.
- **I understand that if illegal substances or undisclosed prescribed medications not approved by the physicians of Athens Spine Center are detected in the urine, saliva or blood screen I may be terminated as an existing patient of Athens Spine Center.**
- I will notify Athens Spine Center if I am considering pregnancy or become pregnant.
- I understand that opioids have the ability to cause drowsiness which can impair motor skills. I understand that caution is urged when driving a motor vehicle or operating other heavy machinery. I agree to refrain from driving or operating dangerous equipment for 72-hours after any change in medication dosage.
- I understand that Controlled Substances can cause a variety of side effects including but not limited to: nausea, vomiting, constipation, dry mouth, weight changes, suppressed immune system, allergic reactions, and blood chemistry imbalances. There is also a risk that of becoming physically dependent or addicted.
- If it appears to the physician that there are no demonstrable benefits to my daily function or quality of life from the controlled substance, I will gradually taper my medication as prescribed by the physician. I will not hold any member of Athens Spine Center liable for problems caused by discontinuance of controlled substances, provided that I receive 30 days' notice of termination.
- **I authorize Athens Spine Center to disclose, request and/or use information concerning my medical history (INCLUDING MEDICATION HISTORY) from pharmacies, insurance companies, healthcare operations, and/or other physicians. This authorization will be effective as long as I am an active patient of Athens Spine Center and will be revoked upon my termination as a patient of Athens Spine Center.**
- I agree to submit to any drug screening dictated by my physician. This includes but is not limited to: random pill counts, urine, saliva and blood screens which are used to detect the use of both prescribed and non-prescribed medications at any time.
- I understand that if I miss two appointments, I may be discharged from the care/management of Athens Spine Center.
- I recognize that my chronic pain represents a complex problem which may benefit from physical therapy, psychotherapy and behavioral medicine strategies. I also recognize that my active participation in the management of my pain is extremely important. I agree to actively participate in all aspects in the Pain Management Program to secure increased functioning and improved coping with my condition.

Georgia Pain Rule 360-36-6 dictates that any physician in the state of Georgia who prescribes pain medication (controlled substances) for 90 days must monitor that patient for medication usage. Patients are required to comply with this mandatory testing either during a scheduled office visit or by coming into the office for the sole purpose of drug screening within any 90 day period. Patients are responsible for checking with their insurance carrier regarding any co-payments or deductibles that apply to medication monitoring/drug screenings.

- I understand GA Pain Rule 360-36-6 and will comply with any request for testing. I understand that non-compliance results in dismissal as a patient or discontinuation of prescriptions of controlled substances.

Patient or Guardian (with defined relationship) Signature**

Date