

CONTROLLED SUBSTANCE AGREEMENT AND INFORMED COSENT FORM

In May of 2011 Governor Nathan Deal signed into law SB36, the Patient Safety Act of 2011, making Georgia one of the last states in the nation to provide legislation for the implementation of a prescription drug monitoring program (PDMP) to combat the growing problem of prescription drug abuse. As a result of this legislation and in the interest of promoting patient safety, the Georgia Composite Medical Board issued updated pain management minimum standards of practice (Rule 360.3.60) which require physicians to monitor patients to avoid narcotic dependency and addiction. A violation of these rules could subject the physician to sanctions and, more importantly, put patients at risk. The goal is to educate patients about the risks of long term narcotic use and reduce prescription drug abuse.

During the course of your treatment your Doctor may recommend the use of controlled substances to treat your orthopaedic problem pre and post operatively. The purpose of this document is to make you aware of the risks, benefits and alternatives of taking controlled substance medications in the treatment of pain and that there are federal and state laws regulating the prescribing of controlled substances which require your physician to closely monitor patients who receive these medications to avoid injury as a result of misuse, abuse, tolerance, dependency or addiction. You will be asked to sign the Narcotic Contract and Prescription Refill Policy which sets out the terms and conditions required to receive controlled substance medications and the consequences of non-compliance. This disclosure is not meant to scare or alarm you, but rather it is an effort to make you better informed and of our commitment to ensure that your pain is managed in a safe and effective manner.

I hereby consent to being prescribed controlled substance(s) or narcotic medication(s) as an element in the treatment of my pain. I further understand that these medication(s) are addictive and may, like other drugs used in the practice of medicine, produce adverse affects or results. The alternative methods of treatment, the possible risks involved, and the possibilities of complications have been explained to me as listed below. I understand that this listing is not complete, and that it only describes the most common side effects or reactions, and that death is also a possibility as a result from taking these medication(s).

Benefits: When taken as directed by my physician, narcotic medications can be used safely and will decrease pain, improve function and quality of life.

Risks: The most common side effects and complications are constipation nausea, vomiting, excessive drowsiness, itching, urinary retention, insomnia, depression, impairment of reasoning and judgment, respiratory depression, impotence tolerance to medication(s), physical and emotional dependence, addiction and death.

Alternatives: Continue with conservative treatment and non-narcotic pain medications.

I understand that my physician may obtain medical records from prior treating physicians and a medication profile from my pharmacy or monitor my compliance and I agree to make other medical providers aware of my use of controlled substances since use of other drugs may cause me harm.

I understand that it may be dangerous for me to operate an automobile or other machinery while using these medications and I may be impaired during all activities, including work.

I must keep all regular follow up appointments as recommended by my physician and that failure to comply may cause discontinuation of narcotic prescription(s).

I acknowledge understanding of the information contained herein by signing the **Narcotic Contract and Prescription Refill Policy** and understand that my physician will answer any additional questions I may have. With full knowledge of the potential benefits, possible risks and alternatives involved, I agree to the use of controlled substances if prescribed and agree to comply with the terms and conditions of the **Narcotic Contract and Prescription Refill Policy**.