

POLICIES, PENALTIES AND PROCEDURES

Policies exist to eliminate confusion and define for all people involved how things will be done in our practice. That way there is no misunderstanding and no perception of favoritism or prejudice on the part of the administration or staff.

Penalties exist to provide incentive to the patients participating in this program who are serious about their recovery to abide by the rules and regulations and to provide compensation to the administration and staff who have to invest their valuable time in providing these services to the patients we care for in this practice.

Procedures or standard operating procedures (SOP) exist to provide consistent, predictable quality of care to our patients and insure that our clinic provides an acceptable quality of care to our patients as determined by the governing board of medicine, government agencies and the medical community.

PILL COUNT POLICY: The pill count policy exists to insure that our patients are taking their medication as directed and to demonstrate accountability on their part. It is very important that this medication be taken as directed and to be sure that the medication can be accounted for by the staff and administration in order to attempt to prevent diversion of this medication to others who would abuse or misuse the medication.

Diversion, misuse or abuse of this medication is a serious matter. Therefore our pill count policy exists to minimize and halt such activities and as such, the procedures for this policy will be firm and inviolate.

PILL COUNT PROCEDURE AND PENALTIES: All patients will be required to bring their bottles and all medication to every follow-up appointment. This will allow the administration and staff to count and record all medication that has not been taken by the patient. Please note that ALL medication must be brought to this appointment. NO medication may be left in the car, at home, at work, in a lock box etc. As much as we would like to trust and believe what our patients tell us, we have a serious obligation to account for the medication and insure that it is being taken appropriately. **Therefore, if we (the staff and administration) cannot count the pills physically then they do not exist and only the pills that we can count physically will be recorded**.

Pill counts preformed at the time of their regular appointment incur no extra charge.

Random pill counts performed on patients who have had accurate or precise counts are done at no extra charge.

Pill counts that must be performed as the result of prior deficiencies incur an extra charge as determined by the practice policies.

All pill counts will be performed in front of the patient and all patients will be given a chance to verify all counts.

All prescriptions and pill counts are recorded on a flow sheet and as such the range and exact number of pills that the patient should have at any given time can be easily calculated as long as accurate and truthful information is provided by the patient.

All patients are required as set out in their contract to take the medication as directed and may not give away or sell their medication or self-escalate/increase their dose without first discussing this with the physician. Any deviation from these requirements constitutes a violation of the patient contract and may result in discharge or entrance into a high risk or more intense monitoring program provided by the staff and administration as set forth in the policies of this practice.

Any pill count that deviates from the expected count by more than two tablets will be considered an inaccurate count and make the patient subject to the penalties set forth in the pill count policy.

Please note that the above refers to deficiencies and not excesses. In other words, pill counts that are fewer than expected. Patients who are attempting to wean off the medicine may have more than expected and this is not considered a violation.

PENALTIES: If pill counts are found to be deficient then either the medication is not being taken as directed or it has been given away, sold or taken by some third party because the medication was not kept in a secure place. Either way, this is a violation of the contract and must be addressed immediately.

Violations will be handled in one of two ways: discharge from the practice with a letter explaining the reasons for such and a list of other pain management doctors in the area or entrance into an intensified monitoring program with a letter of counselling.

The intense monitoring program will require patient to present to the practice for additional pill counts. There will be four (4) additional pill counts performed over the next 4 months in addition to the routine pill counts done at the patient's follow-up visit: a total of eight (8). The additional pill counts will incur additional charge of $50.00 per count. If all of these counts are accurate (8 total), then the patient will be returned to a low risk normal status of monthly pill counts or random pill counts at no charge. If there is a failed pill count during the monitoring time, then there will be weekly pill counts for 3 months (13 total) at $50.00 per count which must be accurate before the patient can be return to low risk status. Failure to appear for a random pill count or have accurate counts will result in immediate discharge from the practice.

This policy exists so the practice can attempt to protect against misuse, abuse or diversion of the medication and protect the practice from unwanted scrutiny by supervising governing organizations.

URINE DRUG SCREEN POLICY: All patients will submit a urine drug screen (UDS) at each visit. The UDS may be supervised at times to insure the sample is not adulterated or tampered with in any way. The sample cup will be opened in front of the patient and presented to him/her at the time the sample is to be submitted.

The UDS sample will remain in front of the patient until read so that there will not be any question as to whether there is any tampering involved.

The UDS should be negative for all substances on the cup. Any positive result must be explained or reconciled by the patient history and evidence of a formal legal prescription verified by a prescription bottle and/or a record of the prescription in the Virginia state prescription monitoring program (PMP). Any positive test for an illegal/illicit substance or a prescription medication not verifiable through medical documentation (medical records) or the PMP constitutes a serious violation of the patient contract and must be addressed immediately.

PENALTIES: An unwanted or unsuspected result must be promptly addressed and will be dealt with in one of three ways: 1) immediate discharge from the practice with a letter listing the cause and containing the numbers of other pain management doctors in the area or 2) admittance into an intense monitoring program with a letter of counselling or 3) lab work to be done at LabCorp for confirmation of the aberrant result. This lab work must be done in the next 24 – 48 hours to be considered valid. Any lab work obtained outside of this time window will be considered invalid. The LabCorp costs must be paid for by the patient or his/her personal insurance. Any positive confirmation will result in immediate discharge or entrance into an intense monitoring program as described below.

The intense monitoring program will come with a letter of counselling and include 4 random UDS to be done over the next 4 months in addition to the usual monthly UDS. After 8 "clean" UDS the patient will be returned to the usual low risk status which includes monthly visits and UDS.

There is an additional charge for the random UDS of $125.00 due to the seriousness of this matter. During this probationary time or intensified monitoring any other failure will result in an immediate discharge or further intensification of the monitoring program to include weekly visits for UDS, prescription refills and attendance of group/personal therapy sessions or weekly NA/AA meetings to last for a period of 4 months. Each weekly visit incurs an additional charge of $125.00. Any failure during this time will result in immediate discharge with no further buprenorphine being prescribed.

After successful completion of the intense high risk monitoring program, the patient will be returned to a low risk status which includes the monthly visits with pill counts and UDS at the usual monthly fee.

IMPORTANT NOTE: If any of the above includes an errant pill count and aberrant UDS the costs are additive, i.e. the random visits will include a random pill count ($50.00) and a UDS ($125.00) a total of $175.00 for the next 4 months for each random visit.

Please understand that the administration and staff do not desire to impose the above on any of our patients. However, since this practice is about recovery and maintenance of sobriety the above is offered to give incentive to our patients to abide by the conditions of the patient contract and provide options for them in the event that there is some difficulty adjusting to this new lifestyle as opposed to immediately discharging them without recourse.

Also note that failure to pay for the above will be a violation of the financial agreement and may result in discharge from the practice as well.

So as a last admonition, be careful, be involved in a local NA/AA meeting so that you have a support group and friends that you can turn to in the event that you have the occasional weak moment or call us to get some counselling or support that you need.

All of this also exists so that your doctor and staff can be accountable to their governing bodies and be here for you in the future.

TELEPHONE POLICY: All patients must provide a primary and alternative phone number to this clinic for the purposes of contacting the patient for scheduling and confirming appointments, urine drug screens and pill counts as set out in the patient contract.

Urine drug screens and pill counts are an essential component to all treatment programs and are required by the Virginia Board of Medicine and other governing bodies to insure that the patients are taking their medications appropriately.

The doctor and his staff will make no more than three attempts to reach a patient through phone calls and leaving messages via voicemail, texting and e-mail if available. These phone calls will be documented on a telephone log kept in the patient's charts.

It is absolutely essential that the doctor and his/her staff have access to effective communication with the patient or it will not be possible to run an effective Buprenorphine recovery and maintenance treatment program.

PENALTIES: Failure to respond to these phone calls or messages to acknowledge or confirm appointments, urine drug screens or pill counts as set out in the patient contract will be considered a violation of the contract and result in a letter of discharge, placement on the inactive patient list or admittance to the high risk monitoring program.

APPOINTMENT POLICY: Making and keeping appointments are an essential part of running an effective practice. All patients will be expected to keep appointments and be on time as set forth in the patient contract.

Failure to keep appointments makes it difficult to do timely urine drug screens and pill counts and this is unacceptable in this program.

If an appointment is missed then it is your responsibility to make another within one week in the future. If this appointment is missed then one final attempt to reschedule will be made for within one week in the future. If this appointment is missed, then this will make 3 missed appointments and a letter of discharge will be sent to the address listed in the patient's profile and the patient will be automatically moved to the inactive list.

PENALTIES: There will be a fee of $50.00 charged for any missed appointment that is not rescheduled 24 hours in advance. For example, if the above occurred then the patient will incur a charge of $150.00 that must be paid before any further appointments can be made and the patient removed from the inactive list and placed on the active list again.

Of course, this practice will give careful consideration to personal and family emergencies and work schedules as long as the patient is considerate and notifies the practice, doctor or staff of such matters. As virtually everyone has access to a phone these days there is no excuse for anyone to miss an appointment without notifying us in advance of sudden changes in their schedule.

PENALTIES: Missed appointments for pill counts or urine drug screens are especially serious matters and will be considered avoidance behavior in an attempt to avoid having an errant pill count or "dirty" drug screen being detected and as such will be considered a faulty pill count or aberrant drug screen and qualify the patient for discharge or entrance in the high risk monitoring program.

Name:_____ DOB:_____

PATIENT RESPONSIBILITY FOR CHRONIC OPIOID (NARCOTIC) THERAPY

This document represents patient expectations regarding the use of opioid (narcotic) pain medications for treating my pain. Opioid medications are only one part of an overall treatment plan; therefore, I will regularly attend and participate in all prescribed therapies. By signing this, I understand and agree to the following risks and conditions, which may be associated with long-term use of opioid medications.

RISKS:

1. Constipation (which may be severe enough to require medical treatment)
2. Urinary retention (difficulty with urination)
3. Change in appetite and/or in weight
4. Drowsiness or confusion which may affect thinking abilities or emotions
5. Itching
6. Nausea
7. Problems with coordination or balance that may make it unsafe to operate motor vehicles or heavy equipment
8. Depressed respiration (breathing too slowly, overdose can lead to respiratory arrest, coma or death)
9. Physical dependence (which means that quickly stopping opioids may lead to withdrawal symptoms)
10. Psychological dependence (which means that quickly stopping opioids may lead to drug cravings)
11. Sexual difficulties
12. If I become pregnant, my baby might be born physically dependent on opioids. This can be treated successfully. There may be other, unknown risks to unborn children (female patients only)

13. Other, rare side effects may occur

Initial _____

Conditions

1. I am not currently using any illegal pain medication. I have fully informed my physicians of any current, previous use, sale or diversion of legal or illegal drugs. (i.e. cocaine, cannabis, heroine, etc.)
   *****We also ask that you please inform your physician if you are on probation*****

   Are you on Probation: _____Yes _____No

   If yes, reason:

   _____

   _____

   Name of Probation Officer: _____ Ph#:_____

2. I am not currently abusing alcohol, and have fully informed my physicians about any previous alcohol abuse.

3. I will obtain all prescriptions for opioids only from CWCVA physicians. I am not permitted to obtain similar medication from any other doctor or clinic without the expressed authorization of CWCVA physicians. If an emergency occurs and opioid medications are prescribed from another doctor, I will notify CWCVA physicians as soon as possible.

4. Prescriptions will not be mailed, unless otherwise specified.

5. I will take opioids only as prescribed by CWCVA physicians and under no circumstances will I allow other individuals to use these medications, nor will I obtain these medications from other individuals.

6. The use of these medications will be ***strictly*** monitored.

7. Extra medication will not be given if the prescription runs out early due to excessive use. Lost, stolen, or misplaced prescriptions or medications will not be replaced.

8. No unplanned or emergency refills will be allowed. ***No prescriptions will be filled or renewed over weekends, after 4 pm on weekdays, or on holidays***.

9. Patients needing refills must call the office at least 5 days before current supply of opioid pain medications run out.

10. Prescriptions and refills ***Will Not*** be telephoned into pharmacies, and must either be picked up by patients, or mailed to pharmacy via standard delivery mail

11. Only one pharmacy will be used to fill prescriptions. CWCVA physicians have my permission to communicate with the pharmacist about my use of medications. If I change pharmacies, I will notify CWCVA in advance

Pharmacy Name:_____ Ph#:_____

Initial _____

12. I will be required to have unannounced blood or urine tests, or pill counts in order to assess the effect of the opioid as well as my abstinence from illegal drug use. By signing this patient responsibility form, I give permission for and agree to cooperate with any such test if I am asked to do so; failure to comply may result in discharge from the practice.

13. Before receiving any opioids, a psychological evaluation with follow up therapy may be required by the physicians at CWCVA. Other medical evaluations and/or treatments may also be required.

14. Due to known and unknown risks to unborn children, which include physical dependence, I will notify my physician if I am pregnant or if I become pregnant in the future.

15. I understand that opioid medications will be slowly reduced and safely stopped if I violate any aspect of this patient responsibility form (at the discretion of the provider), or if the CWCVA physicians feel that opioids are not effective in controlling my pain. It may be necessary for me to enter a chemical dependence program in order to completely stop the medication.

16. I must visit the CWCVA physicians at ***least every four weeks*** for monitoring my medications. I understand that if I don't show for my regular scheduled appointment, I may not receive my refill medications. After three No Show appointments, I may be subject to discharge due to noncompliance.

17. I give CWCVA physicians permission to communicate with any of my other physicians regarding my use of controlled substances.

18. I take all responsibility for the cost of medication, urine/blood tests, which insurance may not cover.

19. I understand that any violation of the above terms may lead to my immediate discharge from the office.

20. Other conditions: _____

I have read and understand this agreement, and I agree to all of the above. I will be given a copy of this form and I give permission for a copy to be sent to my other treating physicians, caregivers, pharmacists, and insurance providers.

Patient: _____ Date: _____

Physician: _____ Date: _____

Witness: _____ Date: _____

INTERPRETER'S STATEMENT: I have translated the information and advice presented orally to the individuals giving consent by the person obtaining this consent. To the best of my knowledge and behalf, he/she understood this explanation.

Interpreter: _____ Date: _____