



EXPERT SPINE CARE
INNOVATIVE MINIMALLY INVASIVE TREATMENT

Documentation of Good Faith Efforts
To Obtain Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Date of Encounter: _____

The patient presented to the office and was provided a copy of the Expert Spine Care's Notice of Privacy Practices. A good faith effort was made to obtain from the patient or patient's representative, if applicable, a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

- Patient Refused to sign.
- Patient Representative refused to sign.
- Patient was unable to sign or initial because:

- The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other reasons (describe): _____

Signature of Employee Completing Form: _____

Date of Signature of Employee: _____



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Patient Consent For Use and Disclosure of Protected Health Information

With my consent, Expert Spine Care may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to the Expert Spine Care’s Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Expert Spine Care reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Expert Spine Care’s Office Manager at P.O. Box 331088, Nashville, TN. 37203-7510.

With my consent, Expert Spine Care may call my home or other designated location and leave a message on voicemail or in person regarding any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Expert Spine Care may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked “Personal and Confidential”.

With my consent, Expert Spine Care may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Expert Spine Care restrict how it uses or disclose my PHI or carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Expert Spine Care’s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Expert Spine Care may decline to provide treatment to me.

Patient Signature (or Legally Authorized Individual)

Date

Printed Name (or Legally Authorized Individual)

Relationship (if not patient)



Agreement For Controlled Substance Prescription

As a patient at Expert Spine Care, you may or may not be prescribed a controlled substance. If you are prescribed a controlled substance, we ask that you agree to our controlled substance protocol. If you will not accept our protocol, we cannot treat you and you will need to work with another physician.

Controlled substance medications (i.e. narcotics, tranquilizers, and barbiturates) are very useful, but they have high potential for misuse and are therefore closely controlled by the state and federal government. They are intended to relieve pain, to improve function, and/or ability to work, not simply to “feel good”. If I am prescribed such medication, I agree to the following:

1. I am responsible for my controlled substance medications. If the prescription of medication is lost, misplaced, or stolen, or if I use it up sooner than prescribed, I understand that it will not be replaced.
2. I will not request or accept controlled substance medication from any other physician or individual while I am receiving such medication from the Expert Spine Care physicians.
3. Refills of controlled substance medication:
 - a. Will be made only during regular office hours (Monday – Friday from 8am to 4pm). Refills will not be made at night, on holidays, or weekends. I will call at least seventy-two (72) hours ahead if I need assistance with a controlled substance medication prescription. Refill calls made on Friday will be made on Monday.
 - b. Will not be made if I “run out early”. I am responsible for taking medication in the dose prescribed and for keeping track of the amount remaining.
 - c. Will not be made as an “emergency”, such as on Friday afternoon because I suddenly realize I will “run out tomorrow”.
4. If requested, I will bring the containers of all medications prescribed by any physician, even if there is no medication remaining. These will be the original containers from the pharmacy for each medication.
5. Upon request from my physician, if narcotic abuse is suspected, I may be asked to submit to a urine drug screen. If I decline, it will be the sole discretion of the Expert Spine Care to discontinue my narcotic pain medication.
6. I understand that the main treatment goal is to improve my ability to function and/or work. In consideration of that goal and the fact that I am being given potent medication to help me reach that goal, I agree to help myself by following my doctor’s instructions regarding my health care.

Controlled substances are known to cause psychological dependence (addiction), which I understand is real. I know that some persons may develop a tolerance to medications in which my body does not respond as well to the medication, and I feel the need to have more or a higher dose of the medication. I know that I can become physically dependent on the medication. This will occur if I am on the medication several weeks, and when I stop the medication, I must do so under the medical supervision or I may have withdrawal symptoms.

I have read this agreement. I understand that if I do not follow the rules of this agreement, I will not longer be able to obtain medications from Expert Spine Care.

 Patient Signature

 Date

 Witness

 Date



Cautions Regarding the Use of Long Term Narcotics

1. Narcotics are drugs that act like Morphine. These include drugs: Lortab, Norco, Percocet, Demerol, Ultram, Tylenol #3, and others.
2. The drug you have been prescribed is extremely dangerous, capable of being abused, and an over-dose can be lethal.
3. When taken in excess, the individual will first become drowsy, fall asleep, may be difficult or unable to arouse, and could stop breathing. The level of sedation depends upon the amount of the drug ingested.
4. Keep these drugs in a locked box.
5. Be responsible for the drug. No early refill will be given.
6. These drugs can cause physical dependence. This means when you stop taking the drug, you will experience withdrawal reactions. Physical dependence can occur after approximately one week on the drug. This does not mean the drug cannot be stopped, however, it usually must be tapered off in order to avoid withdrawal symptoms. Severe nausea, vomiting, diarrhea, abdominal pain, muscle aches, low-grade fever, tremors, rapid heart rate, sweating, and chills can characterize a withdrawal reaction.
7. Physical dependence is not the same as addiction. Physical dependence means that if you stop the drug suddenly, you will develop a withdrawal reaction (nausea, diarrhea, sweats, shaky, and flu-like symptoms). Addiction is a psychological diagnosis characterized by cravings for the drug, uncontrollable use of the drug (even when it causes harm to you and others).
8. There are numerous side effects, which can occur as a consequence of the use of these medications. These include:
 - a. Sedation. If you experience this side effect, even slightly, you should not be driving an automobile until the effect wears off. It generally takes one to two weeks for this side effect to wear off. You should then be safe to operate an automobile. If confusion, mental changes, or excessive sleepiness occur, report this to your physician or present to the nearest emergency room immediately.
 - b. Constipation. If this occurs, you will not adapt to this effect. You should drink eight (8) ounce glasses of water per day, take daily doses of Senokot S or Dulcolax, use milk of Magnesia no more than every third day for no bowel movement and notify your physician that you are experiencing this complication. People over the age of 60 are especially at risk for this complication.
 - c. Urinary retention. This means that it is difficult to start your urine stream. Males over the age of 60 are especially at risk for this complication.
 - d. Itching. These drugs can cause itching in some patients.
 - e. Sweating. Profuse sweating can occur at any time with the use of these medications.
 - f. Nausea and vomiting. If this occurs, notify your physician.
 - g. Decreased sexual drive.
 - h. Mild suppression of the immune response.

I understand these cautions and I am willing to take the drugs as prescribed by my physician.

Patient Signature

Date

Witness

Date



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Financial Policy

It is the policy of Expert Spine Care to collect co-pays and any outstanding patient balances before each visit. If you cannot pay your co-pay and any outstanding balances then your appointment will be rescheduled.

Our business office will bill your medical insurance for the services rendered in our office. Payment is not guaranteed by your insurance. You are ultimately responsible for all charges. The insurance process normally takes approximately 60-90 days. You will receive monthly financial statements to include any outstanding charges on your account. Once insurance has processed payment, your financial statement will reflect any deductibles and/or co-insurance due from you as per your insurance.

It is your responsibility to know and understand your insurance policy and benefits. We will bill secondary insurance only as a courtesy.

If your insurance has lapsed, is inactive, or for any reason does not cover the expenses that you have incurred at Expert Spine Care, you will be responsible for the full charges that have been billed to your insurance company. Payment for these charges must be received within 30 days from receipt of your bill.

If you choose to pay by check and your check does not clear, you will be responsible for paying the bank administrative charge of \$25.00 plus the amount of your original check.

If we have had no response or contact from you within 60 days to pay off your balance, the Office Manager will turn your account over to our collection agency. The collection agency will assess their collection fees in addition to your original balance.

NO-SHOW/NO-CALL POLICY:

If you fail to make your appointment on your scheduled time without calling and notifying our office by at least 24 hours in advance, then you will be charged a \$50 fee. Additionally, if you are more than 30 minutes late for your appointment, your appointment will be rescheduled and the \$50 fee may or may not be assessed. This fee is your responsibility and cannot be billed through your insurance.

SELF-PAY PATIENT POLICY:

We do see patients on a self-pay basis. The charge for services will be collected prior to the service being rendered. Cash, debit card with VISA/MasterCard guarantee, or credit card payment is the only accepted form of payment for self-pay patients. Sorry, no personal checks are accepted.



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INJECTIONS/SURGICAL PROCEDURE POLICY:

If you become a candidate for injections or surgery, it is our policy to collect any deductibles or co-insurance that may be due in advance. Cash, debit card with VISA/MasterCard guarantee, or credit card payment are the only accepted forms of pre-payment for these services. Sorry, no personal checks are accepted. Payment must be received no later than 48 hours prior to the injection or one week prior to surgery or your procedure will be cancelled. To determine any financial responsibility to the facility, please contact the facility prior to your procedure.

DISABILITY/MEDICAL LEAVE FORM POLICY:

If you need a disability/medical leave form filled out there will be a \$25.00 charge for each form. By signing this agreement, you understand that you will need to prepay the \$25.00 charge for this form to be completed and subsequently released.

Thank you, for your understanding of our financial policies at Expert Spine Care. If you have any questions, please do not hesitate to give our Office Manager at call at 615-329-0333.

Patient Signature

Date

Witness

Date



Agreement For Nicotine Abstinence

As a patient at the Expert Spine Care, we only want the best for your overall health.

The deleterious effects of smoking use are recognized as one of the major causes of preventable diseases. Stopping smoking is associated with the following health benefits:

- Lowered risk for lung cancer and many other types of cancer.
- Reduced risk for coronary heart disease, stroke, and peripheral vascular disease.
- Reduced coronary heart disease risk within 1 to 2 years of quitting.
- Reduced respiratory symptoms, such as coughing, wheezing, and shortness of breath. The rate of decline in lung function is slower among people who quit smoking than among those who continue to smoke.
- Reduced risk of developing chronic obstructive pulmonary disease (COPD), one of the leading causes of death in the United States
- Reduced risk for infertility in women of reproductive age. Women who stop smoking during pregnancy also reduce their risk of having a low birth weight baby.

Many people are not aware that smoking has a serious negative effect on bones, muscles, joints, and that smoking often leads to poorer outcomes from orthopedic surgery.

Smoking has a negative effect on fracture and wound healing after surgery.

- Broken bones take longer to heal in smokers because of the harmful effects of nicotine on the production of bone-forming cells (inhibits growth of new blood vessels as bone is remodeled)
- Smokers can take 70% longer to heal open tibial shaft fractures versus non-smokers

Smokers also have a higher rate of complications after surgery than nonsmokers - in fact, smoking may be the single most important factor in postoperative complications. The most common complications caused by smoking include:

- Poor wound healing
- Infection
- Increases risk of pseudoarthrosis in spine fusion **(by 500%)**
- Less satisfactory final outcomes of surgery

Two recent meta-analysis studies clearly indicate the benefits of nicotine cessation in reducing postoperative complications.

- Significant reductions in wound healing complications with at least 4 weeks of smoking cessation.
- Significant reduction in wound-related complications in total knee and hip replacement patients who completed a 6- to 8-week smoking cessation program before and/or after surgery.

Initials of Patient

Date

Time



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Request for Medical Records

Date: _____

I, _____ authorize the release of my medical records and/or radiographic reports and studies to the office at Expert Spine Care. Please forward all requested information to the following:

Expert Spine Care
P.O. Box 331088
Nashville, TN. 37203-7510
Ph: 615-329-0333
Fax: 615-321-0604

Patient Signature: _____

Patient Information

Patient Name: _____ Date: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Address: _____

Ph: (____) _____ - _____.