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HERITAGE VALLEY
HEALTH SYSTEM

FOOT & ANKLE

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PAIN TREATMENT WITH OPIOID MEDICATIONS: PATIENT AGREEMENT

In order to comply with state and federal regulations, Pain Treatment with Opioid Medications: Patient Agreement and Treatment Program Statement

We here at HVMG foot and Ankle, which includes our foot and ankle specialists, are making a commitment to work with you in your efforts to get well. To help you achieve proper pain management, you understand and agree to the following:

I am receiving pain medicine for the treatment of acute or post-operative pain.

I understand that this practice does not manage chronic pain. I also understand that if I have chronic or continued pain, I may be referred to a pain management center for continued treatment. If I am already under the treatment and care of a pain management center, I may be referred back to that center after having a surgical procedure.

I understand that I am required to keep and be on time for all of my scheduled appointments with the physician and/or other members of the treatment team.

I understand that I am required to keep my medicine in a safe and secure location, and out of the reach of children. If the medicine is lost or stolen, I understand that it will not be replaced until my next appointment and that it may not be replaced at all.

I understand that I am to take my medication as instructed by my physician and not change the way that I take it without first talking to the physician or other members of the treatment team.

I understand that I am not to sell this medicine or share it with others. If this happens treatment will be stopped immediately and I may be discharged from the practice.

I understand that my insurance company may only allow a partial prescription or deny my prescription completely until a pre-authorization request is completed. This request may take up to 5 business days to complete.

79 Wagner Road, Suite 103
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I understand that I am not to call at night, on the weekends, or on holidays requesting refills. I must call (3) working days ahead of time if I need a refill to allow time for any pre-authorization request to be completed.

I will also inform the physician and/or staff members of all other medicines that I am currently taking and let them know immediately if my medicines change or I receive a prescription for a new medicine.

I will let my other treating physicians know that I am taking an opioid pain medicine.

I will not use illegal drugs including but not limited to heroin, cocaine, marijuana, or amphetamines. If I do, treatment will be stopped immediately.

I will NOT treat the physician and/or staff members with any kind of disrespect or disrupt the care of other patients regardless if there is an issue with my opioid prescription.

We will keep track of your prescriptions via The Pennsylvania Department of Health: Prescription Drug Monitoring Program.

We will help establish treatment goals and monitor your progress in achieving those goals through appropriate follow up. If your pain continues for longer than we deem appropriate (1-3 months), we will help refer you for other options for long term pain management.

If at any time you become addicted to these medications, we will help refer you to get the appropriate treatment.

HVMG foot and Ankle remains committed to serving you and providing you with optimal care. We reserve the right to change or modify this agreement at any time as deemed appropriate and necessary.