GOLDEN STATE ORTHOPEDICS & SPINE

NEW PATIENT PACKET

At Golden State Orthopedics & Spine (GSOS), our mission is to offer a comprehensive practice in which we provide quality orthopedic care in a professional manner. We strive to treat all our patients as we would our family members, with respect, empathy and concern for their well-being.

We understand that today we live in a fast-paced world, and the respect of your time is of great importance to us. As we prepare for your upcoming visit, we kindly ask that you prepare the following items and bring them in completed at the time of your visit:

- Completed patient forms (Health History, Medication Form, Acknowledgment of Privacy Practices, and Financial Policy). Having these forms completed will help speed up your check in process and provide the medical staff the information they will need for your visit.
- Photo ID (driver's license, passport, etc.) It is of great importance that we protect our patients' medical and private information.
- Current Insurance card(s). Bringing these cards to your visit will help us receive all accurate insurance information for billing purposes. If you do not have insurance and are paying out of pocket, please review our self-pay policy on our website.
- Your co-pay or co-insurance as indicated by your insurance policy. If you are unsure of your copay or co-insurance, please call your insurance carrier prior to coming in.
- Recent EMG or Nerve Conduction Study Results (If applicable).
- CD of your GSOS recent imaging (CT, MRI & X-Ray), if done at a non-John Muir facility. This is extremely important to bring to your visit. Your provider strives to give you high quality care and to do so, these images are essential.

Thank you for choosing Golden State Orthopedics & Spine for your medical needs. We look forward to meeting you and providing you excellent care. If you have any questions regarding your upcoming visit, please reach out to us by calling your nearest patient contact center.

GOLDEN STATE ORTHOPEDICS & SPINE

NEW PATIENT REGISTRATION

SELECT TYPE OF NEW PATIENT REGISTRATION:

☐ Orthopedic Patient
☐ Physical Therapy Patient

DO YOU HAVE AN UPCOMING APPOINTMENT?

☐ Yes - I have a scheduled appointment

_____ _____
DATE TIME

☐ No - I do not have a scheduled appointment

PATIENT INFORMATION

NAME

_____ _____
FIRST NAME LAST NAME

ADDRESS

_____
ADDRESS LINE 1

_____
ADDRESS LINE 2

_____ _____ _____
CITY STATE ZIP

CELL PHONE NUMBER

_____

HOME/WORK/OTHER PHONE NUMBER

_____

EMAIL

_____

SEX

☐ Female ☐ Male ☐ Other/Non-Binary

RACE

☐ Asian
☐ Black or African American
☐ Hawaiian or Pacific Islander
☐ White or Caucasian
☐ American Indian or Alaskan Native
☐ Decline to Identify

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NEW PATIENT REGISTRATION, CONTINUED

ETHNICITY

- ☐ Hispanic or Latin
- ☐ Not Hispanic or Latin
- ☐ Decline to Identify

PREFERRED LANGUAGE

_____

DATE OF BIRTH

_____ _____ _____

DAY MONTH YEAR

SOCIAL SECURITY NUMBER

_____

MARITAL STATUS

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed

REFERRING PHYSICIAN

_____

PRIMARY PHYSICIAN

_____

EMPLOYMENT & GUARDIAN INFORMATION

EMPLOYMENT STATUS

- ☐ Employed
- ☐ Retired
- ☐ Student
- ☐ Unemployed

EMPLOYER'S NAME

_____

EMPLOYER'S PHONE NUMBER

_____

JOB TITLE

_____

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NEW PATIENT REGISTRATION, CONTINUED

RESPONSIBLE PARTY

NAME

_____ _____

FIRST NAME LAST NAME

ADDRESS

_____

ADDRESS LINE 1

_____

ADDRESS LINE 2

_____ _____ _____

CITY STATE ZIP

CELL PHONE NUMBER

_____

HOME/WORK/OTHER PHONE NUMBER

_____

EMPLOYER'S NAME

_____

SOCIAL SECURITY NUMBER

_____

DATE OF BIRTH

_____ _____ _____

DAY MONTH YEAR

PRIMARY INSURANCE INFORMATION

INSURANCE COMPANY NAME

_____

TYPE OF INSURANCE

- ☐ PPO
- ☐ POS
- ☐ HMO (John Muir Health network)
- ☐ HMO (Other)
- ☐ Medicare
- ☐ Work Comp
- ☐ Self Pay

INSURANCE ID NUMBER

_____

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NEW PATIENT REGISTRATION, CONTINUED

GROUP/POLICY NUMBER

_____

Please copy the front and back of your insurance card and provide with this form.

Golden State Orthopedics & Spine
2625 Shadelands Drive
Walnut Creek, CA 94598

PRIMARY SUBSCRIBER'S NAME

_____ _____
FIRST NAME LAST NAME

RELATIONSHIP OF SUBSCRIBER TO PATIENT

_____

PRIMARY SUBSCRIBER'S EMPLOYER

_____

PRIMARY SUBSCRIBER'S SOCIAL SECURITY NUMBER

_____

PRIMARY SUBSCRIBER'S DATE OF BIRTH

_____ _____ _____
DAY MONTH YEAR

INSURANCE CUSTOMER SERVICE PHONE NUMBER

_____

IS YOUR CONDITION RELATED TO AN INJURY FROM: (CHECK ALL THAT APPLY)

- ☐ Work
- ☐ Auto
- ☐ Private Injury
- ☐ No Injury

EMPLOYER AT TIME OF INJURY

_____

GOLDEN STATE ORTHOPEDICS & SPINE

HEALTH HISTORY

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR REVIEW BY YOUR PROVIDER.

Name: _____ Birth Date: _____/_____/_____ Age: _____

Height: _____ Weight: _____ Sex: ☐ M ☐ F Dominant Hand: ☐ Right ☐ Left

Referring Provider: _____ Occupation: _____

Email: _____ Phone: _____

PATIENT MEDICAL HISTORY *(mark all that apply)*

☐ Acid Reflux	☐ Depression	☐ Hepatitis	☐ Osteoporosis	☐ Anemia
☐ AIDS/HIV	☐ Diabetes	☐ High Blood Pressure	☐ Sleep Apnea	☐ Enlarged Prostate
☐ Arthritis	☐ Drug Abuse	☐ Irregular Heart Beat	☐ Liver Disease	☐ Heart Disease
☐ Bleeding Disorder	☐ DVT (Blood Clot)	☐ Kidney Disease	☐ Thyroid Disease	☐ Other: _____
☐ Cancer	☐ Fibromyalgia	☐ Lung Disease	☐ Heart Attack	_____
Type & Year_____	☐ Gout	☐ COPD	☐ Stroke	_____
_____	☐ Atrial Fibrillation	☐ Seizure Disorder	☐ Asthma	_____

PREVIOUS SURGERIES & DATE(S): ☐ **NONE**

1.	2.
3.	4.
5.	6.

IS INJURY WORK RELATED? ☐ Yes ☐ No If yes, have you filed a work comp claim? _____

FAMILY MEDICAL HISTORY *(Mark if your immediate family members (mom, dad, siblings) have any of these conditions)*

☐ Alcoholism	☐ Bleeding	☐ Diabetes	☐ Heart Disease	☐ Kidney Disease	☐ Seizures
☐ Arthritis	☐ Cancer	☐ Gout	☐ High Blood Pressure	☐ Mental Illness	☐ Stroke

DO YOU EXERCISE REGULARLY? ☐ Yes ☐ No Describe: _____

TOBACCO USE: ☐ Yes ☐ No Describe: _____

ALCOHOL CONSUMPTION: ☐ Yes ☐ No If Yes: ☐ Daily ☐ Weekly ☐ Occasionally ☐ Socially

RECREATIONAL/DRUG USE: ☐ Yes ☐ No Type/Amount/Frequency:

_____

ALLERGIES: *(If yes, please list)* ☐ Yes ☐ No

Latex Allergy/Sensitivity ☐ Yes ☐ No

Metal Allergy ☐ Yes ☐ No

Shellfish Allergy ☐ Yes ☐ No

GOLDEN STATE ORTHOPEDICS & SPINE

HEALTH HISTORY, CONTINUED

Medication/Food	Allergic Reaction

REVIEW OF SYMPTOMS *(Recent or current conditions only)*

Constitutional

- ☐ NONE
- ☐ Chills
- ☐ Fever
- ☐ Fatigue
- ☐ Night Sweats
- ☐ Malaise
- ☐ Weakness
- ☐ Weight Gain
- ☐ Weight Loss

Cardiovascular

- ☐ NONE
- ☐ Chest Pain
- ☐ Heart Murmur
- ☐ Irregular Heart Beat
- ☐ Heart Palpitations
- ☐ Leg Swelling
- ☐ Fainting

Integumentary

- ☐ NONE
- ☐ Itchy Skin
- ☐ Rash
- ☐ Skin Infections
- ☐ Skin Lesions
- ☐ Contact Allergy

Metabolic/Endocrine

- ☐ NONE
- ☐ Hair Loss
- ☐ Heat Intolerant
- ☐ Cold Intolerant

Head, Eye, Ear, Nose & Throat

- ☐ NONE
- ☐ Vertigo
- ☐ Blurred/Double Vision
- ☐ Vision Loss
- ☐ Difficulty Swallowing
- ☐ Ear Drainage
- ☐ Facial Pain
- ☐ Headache
- ☐ Hearing Loss
- ☐ Nasal Congestion
- ☐ Ringing in Ears

Hematologic

- ☐ NONE
- ☐ Bleeding
- ☐ Bruising

Gastrointestinal

- ☐ NONE
- ☐ Abdominal Pain
- ☐ Constipation
- ☐ Frequent Constipation
- ☐ Heartburn
- ☐ Jaundice
- ☐ Loss of Appetite
- ☐ Nausea
- ☐ Vomiting

Neurological

- ☐ NONE
- ☐ Difficulty Walking
- ☐ Dizziness
- ☐ Poor Coordination
- ☐ Memory Loss
- ☐ Muscle Weakness
- ☐ Tremors
- ☐ Tingling

Psychiatric

- ☐ NONE
- ☐ Anxiety
- ☐ Depression
- ☐ Insomnia

Reproductive

- ☐ NONE
- ☐ Pregnant

Respiratory

- ☐ NONE
- ☐ Cough
- ☐ Dyspnea (Difficulty Breathing)
- ☐ Recent Infections
- ☐ Known TB Exposure
- ☐ Wheezing
- ☐ Shortness of Breath

Genitourinary

- ☐ NONE
- ☐ Dysuria (Painful Urination)
- ☐ Frequent Urination
- ☐ Hematuria (Blood in Urine)
- ☐ Urge Incontinence
- ☐ Urinary Incontinence

Immunological

- ☐ NONE
- ☐ Asthma
- ☐ Contact Dermatitis
- ☐ Environmental Allergies
- ☐ Food Allergies
- ☐ Seasonal Allergies
- ☐ Bee Sting Allergies

GOLDEN STATE ORTHOPEDICS & SPINE

HEALTH HISTORY, CONTINUED

HISTORY OF PRESENT ILLNESS

PREFERRED PHARMACY NAME: _____

PHARMACY ADDRESS: _____

PHARMACY PHONE NUMBER: _____

PATIENT SIGNATURE: _____ DATE: _____

EMAIL: _____ PHONE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____ DATE: _____

EMAIL: _____ PHONE: _____

WHAT BODY PARTS ARE INVOLVED?

_____

_____

_____

ON A SCALE OF 1 - 10 *(10 BEING WORST)*, HOW SEVERE IS YOUR PAIN?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

HOW WOULD YOU DESCRIBE YOUR PAIN?

☐ Sharp ☐ Dull ☐ Stabbing ☐ Throbbing ☐ Aching ☐ Burning ☐ Constant ☐ Intermittent

☐ Wakes me from sleep ☐ Other: _____

_____

_____

DO YOU HAVE:

☐ Swelling ☐ Numbness ☐ Tingling ☐ Weakness ☐ Bruising

☐ Other: _____

HAVE YOU HAD ANY PHYSICAL THERAPY FOR THIS CONDITION? ☐ Yes ☐ No

Location: _____ Dates: _____/_____/_____ to _____/_____/_____

HAVE YOU HAD AN MRI, CT OR X-RAYS FOR THIS CONDITION? ☐ Yes ☐ No

Which study? ☐ MRI ☐ CT ☐ X-Rays

Location: _____ Date: _____/_____/_____

Location: _____ Date: _____/_____/_____

GOLDEN STATE ORTHOPEDICS & SPINE

MEDICATION RECORD

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR REVIEW BY YOUR PROVIDER.

NAME

_____ _____

DATE OF BIRTH

_____ _____ _____ _____

DAY MONTH YEAR AGE

TODAY'S DATE

_____ _____ _____

DAY MONTH YEAR

List medications you currently take (including over the counter medications, vitamins, herbs, & prescribed drugs):
Continue on separate sheet(s) if necessary and note # of additional pages here: _____ more pages.

Date	Medication	Dosage/Frequency	Additional Information

GOLDEN STATE ORTHOPEDICS & SPINE

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge that I have received a copy of the GSOS Notice of Privacy Practices. I understand that GSOS has the right to change its Notice of Privacy Practices from time to time and that I may contact GSOS at any time to obtain a current copy of the Notice of Privacy Practices.

Signature of Patient/Guardian: _____ ___ Date: _____

Relationship to Patient: _____Patient's Date of Birth:_____

Protected Health Information (PHI) Release Authorization

Persons who are involved in your care (spouse, children, friends, etc.) may inquire about your treatment, appointments, lab results, prescriptions, billing, medical records, x-rays, etc. Please list the individuals who we may share your PHI with:

Name: _____ Relationship:_____

Name: _____ Relationship:_____

Name: _____ Relationship:_____

** Please note that GSOS will only release PHI to the individuals listed above **

I, _____, acknowledge in signing this document that I am giving Golden State Orthopedics & Spine authorization to release or discuss PHI either in writing or verbally to the person(s) specified above. This authorization is good indefinitely from the signature date below unless otherwise revoked by me in writing to the address listed below. A copy of this will be placed in my records at Golden State Orthopedics & Spine.

Signature of Patient/Guardian: _____ Date: _____

PRIVACY NOTICE

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

Your confidential healthcare information may be released to other healthcare professionals or other treating physicians for the purpose of providing you with quality healthcare.

Your confidential healthcare information may be released to your insurance carrier and/or treating vendor for the purpose of the practice receiving payment for providing you with needed healthcare services. If you pay out of pocket and in full for a health care item or service, then you have the right to restrict certain disclosures of your protected healthcare information to your health insurance. Ask us how to do this.

Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence. Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.

Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).

Your confidential healthcare information may be released to certain parties only after receiving

written authorization from you. You may revoke your permission to release confidential healthcare information at any time.

You may be contacted by Golden State Orthopedics & Spine to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you. If you are not home, we may leave appointment information on your answering machine or in a message left with the person answering the phone.

We may use and disclose limited protected health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

You have the right to restrict the use of your confidential healthcare information. However, Golden State Orthopedics & Spine may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.

You have the right to receive confidential communication about your health status, such as changing your mailing address or telephone number.

You have the right to review any/all portions of your healthcare information upon written request within the time-frames set by California law.

You have the right to receive an electronic or paper copy of your medical record upon written request within the time-frames set by California law. We may charge a reasonable, cost-based fee.

You have the right to request changes be made to your healthcare information. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

You have the right to know if certain parties have accessed your confidential healthcare information and for what purpose.

You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.

Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice. If we suspect your confidential healthcare information has been disclosed without authorization, you have the right to receive notification of a breach. We will send you a written notice with instructions on how to protect yourself from potential harm resulting from the breach, if it has occurred.

Golden State Orthopedics & Spine is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients, upon request, with a list of duties or practices that protect confidential healthcare information.

Golden State Orthopedics & Spine will abide by the terms of this notice. The practice reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Any changes to this notice will be posted in our practice and on our website (www.goldenstateortho.com) within 30 days of making any changes.

You have the right to file a complaint to Golden State Orthopedics & Spine if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the center:

ATTN: Privacy Officer
Golden State Orthopedics & Spine
2625 Shadelands Drive
Walnut Creek, California 94598

All complaints will be investigated. No personal issue will be raised for filing a complaint with Golden State Orthopedics & Spine. Also, you have a right to file a complaint with the Department of Health and Human Services. You may visit their website at www.hhs.gov to file a complaint or call the regional HHS Office of Civil Rights at (415) 437-8310 for information on how to file a complaint.

For further information about this Privacy Notice, please contact:

ATTN: Privacy Officer
Golden State Orthopedics & Spine
2625 Shadelands Drive
Walnut Creek, California 94598

FINANCIAL POLICY

Thank you for choosing Golden State Orthopedics & Spine. We are committed to delivering Thank you for choosing Golden State Orthopedics & Spine. We are committed to delivering outstanding orthopedic care and customer service. The following is our current financial policy.

CO-PAYMENT & CO-INSURANCE COLLECTION POLICY

We are required by our contract with your health plan to collect co-payments at the time of service. Co-payments are required each time you are seen by the physician, nurse practitioner, physician's assistant, physical therapist or occupational therapist. Your co-payment is established by your health plan and is explained in your benefits handbook. Should you have questions or concerns about your co-payment requirements, please contact your insurance carrier directly.

If a co-payment is not applicable for office visits we may collect co-insurance amounts at the time of service. The co-insurance amount is calculated based on the percent that you will owe per your health insurance policy. We collect $10 for every 10% co-insurance for office visits. For example if you have a 20% co-insurance we will collect $20 at the time of service. Since this is an estimate you may owe more once your insurance carrier processes your claim.

INSURANCE REIMBURSEMENT & BILLING POLICIES

We will bill your insurance as a courtesy to you. Each month you will receive a statement from us describing your current balance and any charges incurred during the statement month. You can submit this bill yourself, along with the appropriate forms, to your insurance carrier. Or, as most of our patients prefer, we will bill your primary and secondary insurance carrier(s) for you. For us to be able to bill your insurance carrier, you must sign the "Insurance Authorization and Assignment" statement at the bottom of the Patient Information form. We will bill your insurance carrier a maximum of **three (3) times**, then the responsibility for handling issues with insurance reimbursement rests with you. **Please note that you are ultimately responsible for payment of all charges incurred during your treatment with Golden State Orthopedics & Spine.**

GOLDEN STATE ORTHOPEDICS & SPINE

FINANCIAL POLICY, CONTINUED

When you receive our monthly statement, payment is expected within **fifteen (15) days**. Account balances are considered delinquent after **sixty (60) days**. After the sixty (60) day period, your account will be transferred to our outside collection agency, Financial Recovery Services, unless alternative payment arrangements are made in writing with an accounting department representative.

If Golden State Orthopedics & Spine or its physicians are **not** contracted with your insurance carrier, you are considered a "self-pay" patient and payment is due in full at the time of service. Self-Pay patients will receive a 40% discount off of our Standard Fee schedule.

Attorney Fees and Collection Costs: If any legal action is necessary to enforce or interpret the terms of these billing policies, the prevailing party shall be entitled to reasonable attorneys' fees, costs and necessary disbursements in addition to any other relief to which that party may be entitled. You agree by your signature below to pay all collection costs, including attorneys' fees on all delinquent payments.

Suspension of Care (Except for Emergency Care): If no payment is received after **ninety (90) days**, we may be forced to suspend all but emergency care until a payment is received. Please discuss all billing issues with our accounting department directly at (925) 210-8593.

ADMINISTRATIVE FEES

Due to the high volume of requests we receive, we charge administrative fees for copying all or part of a medical record, x-rays, MRI, CT, completion of disability forms, and other such administrative requests. The current fee schedule (which is subject to change) is:

Disability Forms	$25.00 / $10.00 (EDD extension form)	Medical Records	$20.00
Diagnostic Images	$15.00 (x-rays) / $15.00 (MRI or CT scan)	Returned Check Fee	$25.00
Procedure Cancellation Fee	$50.00		

My signature below indicates that I have read, understood and agreed to the Financial Policy of Golden State Orthopedics & Spine

Patient/Guardian Signature: _____

Date:_____

Patient/Guardian Name Printed: _____

Patient's Date of Birth:_____

GOLDEN STATE ORTHOPEDICS & SPINE

PATIENT EDUCATION: OPIOID DRUGS FOR PAIN

INTRODUCTION

This document contains important information about the medication your surgeon may prescribe to control your pain. We are providing this information to ensure that you are clear about the pain relief and function goals that your physicians wants to achieve with your treatment plan.

Opioids do not work for everyone and have serious risk and possible side effects. Opioids may provide pain relief but are unlikely to take the pain away completely. Your surgeon and you will determine if the benefit of pain medication outweighs the risk and possible harm.

Patient Education: Opioid Drugs for Pain, continued

Our Orthopedic and Physical Medicine & Rehabilitation surgeons do not provide long-term pain control for chronic conditions. Your prescription for pain is for short term post-operative or post-trauma pain control. Patients needing long term chronic pain control will be referred to a Pain Management Specialist.

It is very important that you read this information carefully and understand the material. If you do not understand or have questions be sure to ask your surgeon or pharmacist prior to taking the drug.

ALTERNATIVES TO HELP REDUCE PAIN

Opioids are part of a pain plan that can help control your pain. These options can work in place of or together with your Opioid to control your pain and improve your function.

Heat and Cold therapy	Relaxation Therapy
Stretching	Physical Therapy
Exercise	Occupational Therapy
Weight Loss	Mental Health Therapy
Massage	Non-opioid pain medications
Acupuncture	Injections
Nerve Stimulation	Specialist Pain Care
Spiritual or Social Activities	

SIDE EFFECTS

In addition to the serious risks of addiction, abuse, and overdose, the use of prescription opioid pain relievers can have a number of side effects, even when taken as directed:

- Tolerance – meaning you might need to take more of the medication for the same pain relief
- Physical dependence – meaning you have symptoms of withdrawal when the medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression

- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

YOUR RESPONSIBILITIES WHEN TAKING OPIOIDS

- Take your prescription as directed.
  - o Do not take other people's prescription or allow others to use your prescription. This is dangerous, illegal, and can lead to criminal charges.
  - o Do not delay taking as directed or take more than is prescribed. Early refills will not be allowed.
- Be cautious about driving or operating machinery.
  - o You may feel sleepy or confused after taking opioid medication.
- Do not drink alcohol or take 'street drugs'.
  - o Alcohol or street drugs combined with your medication can cause severe harm or death.
- Keep your medication in a safe and secure place out of reach of children, visitors, other family members, and pets.
  - o We will not replace lost or stolen medication.
  - o It is illegal to sell or give your opioid medication to another person.
  - o Always store your prescription in the original labeled container.
- Inform all of your treating physicians that you are prescribed an opioid.
  - o Do not obtain opioids from more than one physician at a time.
  - o Be sure that you have informed us of all other medications or drugs (legal or illegal) that you are taking.
- Opioid Prescriptions cannot be electronically ordered or called into a pharmacy.
  - o You must pick up a printed prescription from our office. An ID will be required.
  - o Others picking up your prescription is discouraged and limited; contact our office to determine if allowed for a special circumstance.
  - o Any refills require you to make an appointment to assess pain control.
  - o Opioids will not be refilled after hours, weekends, or holidays. Plan ahead for refills.
- Dispose of unused medications in the proper way. ***Never flush your medication.***
  - o Check with your pharmacy if they participate in a medication disposal program.
  - o If your pharmacy does not participate in a medical disposal program, you can dispose your medications at the following sites in the East Bay. Before you do so, first seal bottled liquids in a plastic bag and don't include syringes or needles with medications.

Antioch, Delta HHW Collection Facility (East County) 2550 Pittsburg-Antioch Highway	Moraga Police Department 329 Rheem Boulevard
Brentwood Police Department 9100 Brentwood Blvd	Orinda Police Department, City Hall 22 Orinda Way
Clayton Police Department, City Hall 6000 Heritage Trail	Pleasant Hill Police Department 330 Civic Drive

PATIENT EDUCATION: OPIOID DRUGS FOR PAIN, CONTINUED

Alameda County Household Hazardous Waste (Oakland) (Alameda County Residents Only) 2100 E. 7th Street at 23rd Avenue	Richmond Contra Costa County Household Hazardous Waste (HHW) West County Resource Recovery 101 Pittsburg Avenue
Danville Police Department 510 La Gonda Way	San Ramon Police Department 2401 Crow Canyon Road
Martinez Contra Costa Sheriff's Field Operations Building 1980 Muir Road	Walnut Creek Police Department, City Hall 1666 North Main Street
Martinez County Regional Medical Center 2500 Alhambra Avenue	Alameda Police Station* 1555 Oak Street
Martinez Police Department, City Hall 525 Henrietta Street	Albany Senior Center 846 Masonic Avenue
Berkeley Transfer Station 1201 2nd Street	UC Berkeley Tang Center Pharmacy* 2222 Bancroft Way
United Pharmacy* 2929 Telegraph Avenue	Emeryville Senior Center 4321 Salem Street
Concord Police Department 1350 Galindo Street	Elihu Harris State Building Lobby (Oakland) 1515 Clay Street
Oakland Fire Department 1401 98th Avenue at International Blvd, or 1445 14th Street at Mandela Parkway	Oakland Senior Centers Downtown - 200 Grand Avenue East - 9255 Edes Avenue North - 5714 Martin Luther King Jr Way West - 1724 Adeline Street
Dublin Police Services 100 Civic Plaza	CVS Pharmacy 7201 Regional Street
Walgreen Co. 423 N Santa Cruz Ave	Longs Drug Stores California 750 Blossom Hill Rd
Wellness Pharmacy 14777 Los Gatos Blvd Ste 101	Sorci Healthcare Pharmacy 15714 Los Gatos Blvd Ste A

* (accepts controlled substances)

o Anyone in Contra Costa can find a nearby drop-off kiosk to safely dispose of unwanted prescription or non-prescription drugs by visiting **med-project.org**. A mail-back service is available for people who have disabilities that affect their mobility. These services are part of Contra Costa's Safe Drug Disposal Ordinance, which requires companies that make pharmaceutical drugs sold in the county to follow the MED-Project plan for safely collecting unwanted or unused medicine.

GOLDEN STATE ORTHOPEDICS & SPINE

CONTROLLED SUBSTANCE MEDICATION AGREEMENT

I understand that a provider with Golden State Orthopedics & Spine may prescribe a controlled substance medication. This agreement is a platform for communication allowing us to work together in good faith, and for you to understand the importance of this medication in allowing you to function better. We expect to be partners in creating the best treatment plan for your pain management. If you cannot agree with the following points, it will result in discontinuing the controlled substance.

1. I will take my medication exactly as prescribed and I will not change the medication dosage and/or frequency without the approval of my physician.
2. I will keep regular scheduled appointments with my physician. Any refills for a controlled substance medication require you to schedule an appointment to assess pain control. Your physician or the physician on call for the group will not refill any pain medication after hours or over the weekend. This is not considered an emergency and will not be treated as such.
3. The controlled substance medication prescribed is being given in order to control pain and allow you to function better. If there are any changes to your activity level or physical condition the treatment may be changed or discontinued.
4. I will be ready to taper or discontinue the controlled substance medication as my condition improves. If your condition does not improve, your physician may recommend additional conservative or invasive orthopedic procedures. If your level of pain does not allow you to taper and discontinue the controlled substance pain medication, you will be referred to a pain management specialist.
5. I agree to act responsibly including protecting and limiting access to these medications, and to properly dispose of any unused medication.
6. I will not accept or seek controlled substance pain medication from any other physician or health care provider, including an emergency room, while any GSOS physician is prescribing pain medication. It is essential that only one physician monitor and evaluate your pain medication.
7. If you have another condition that requires the prescription of a controlled substance medication (narcotics, tranquilizers, barbiturates, or stimulants) you will be asked to coordinate all medications with that prescribing physician.
8. It is important to use one pharmacy for all prescriptions in order to provide consistency. Please list your pharmacy_____ Phone_____
9. I understand that lost, stolen, or misplaced prescriptions will not be replaced. This medication is prescribed for you and only your needs for pain control. To allow others to use your pain medications is illegal and dangerous; this behavior will not be tolerated by your physician and our practice.
10. I agree that I will not use any other illegal and/or recreational drug while receiving care and pain medication from this practice. Use of illegal and/or recreational drugs, especially while taking pain medication is extremely dangerous and potentially lethal.

Patient Signature: _____ Date: _____

Patient Printed Name: _____

Witness Signature: _____ Date: _____