

Consent for Medical Treatment

Addiction Pain Associates* and its Affiliated Physicians
100 Kings Way East, Washington Pavilions, D-3, Sewell, NJ 08080

<p style="text-align: center;">Patient Information</p> <p>Last Name:</p> <p>First Name:</p> <p>Middle Initial: Suffix: (e.g. Jr.)</p> <p>Social Security # - -</p> <p>Birth Date: //</p> <p>Street Address:</p> <p>City: State: Zip:</p> <p>Home Phone:</p> <p>Mobile Phone:</p> <p>Work Phone:</p> <p style="text-align: center;">Emergency Contact Information</p> <p>Name:</p> <p>Relation to Patient:</p> <p>Phone number:</p> <p style="text-align: center;">Referral information</p> <p>Who referred you to this practice?</p> <p>Primary Care Provider</p> <p>Name:</p> <p>Address:</p>	<p style="text-align: center;">Medical History</p> <p>Medication Allergies Y N List:</p> <p>Latex Allergy Y N</p> <p>Food Allergies Y N</p> <p>Organ Donor Y N</p> <p>Disabilities Y N List:</p> <p>Surgery Y N List:</p> <p><u>Women Answer</u></p> <p>Pregnancy N Y (#) Births N Y (#)</p> <p>Last Gynecology Exam Date:</p> <p><u>All Answer</u></p> <p>Immunizations: Hepatitis A Hepatitis B Influenza Pneumonia Tetanus (date) HPV Other:</p> <p>Medical Conditions: (circle) anemia, asthma, cancer, cholesterol, diabetes, diverticulitis, heart burn, heart problems, hepatitis, hypertension (blood pressure), leg swelling, migraine, rhinitis, seizures, sexual difficulties, TB, varicosities, ulcers, other:</p>
<p style="text-align: center;">Current Medical Symptoms</p> <p>Cold intolerance, excessive thirst, fatigue, Insomnia, mood swings, numbness, weakness, worries, headaches, dizziness</p>	<p>vision problems, digestive problems, joint pain, back pain, depression, anxiety, phobias, shortness of breath, chest pain, leg swelling, sexual difficulties, rashes, other:</p>
<p style="text-align: center;">Insurance Information (if you plan to submit to insurance)</p>	<p>Insurance ID number:</p>
<p>Group Number:</p>	<p>Employer:</p>

TREATMENT AUTHORIZATION AND FINANCIAL RESPONSIBILITY

1. CONSENT FOR MEDICAL TREATMENT

I understand that Addiction Pain Associates* (APA) is an association of affiliated physicians who are in independent medical practices (Associates). These physicians (Associates) include Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco but may also include other providers who become affiliated with APA by having their practices managed by APA. I consent for these associated physicians and their assistants to provide medical care, tests, procedures, drugs, services and supplies considered advisable in my care. These services may include addiction treatment, pain management, psychiatric or other medical care, as well as referred services such as laboratory testing. In consenting to treatment, I have not relied on any statements as to results. I further authorize the associates to examine, use, store, and/or dispose of in any manner tissue, fluids or parts removed from my body as part of treatment. In the event that any personnel assisting in the provision of care and treatment suffer inadvertent exposure to any of my blood and/or other bodily substance that are capable of transmitting disease and I am unable to consult timely with my physician prior to testing, I consent to limited testing to determine the presence, if any, of antibodies to hepatitis A, B, and C and HIV.

2. STORAGE AND RELEASE OF INFORMATION

I consent to the electronic and paper storage and transmission of patient health information. I hereby authorize Addiction Pain Associate* —Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco or other associates and assistants to release by electronic means or otherwise, any medical and/or billing information concerning my care, including copies of my medical records, to the following:

- a. Any governmental or other entity as required by law for purposes of reporting, or for purposes of determining eligibility in government sponsored benefit programs.
- b. The supplier of any products which may be administered to me for the purposes of quality control and recipient monitoring
- c. Any continuing care, residential, long-term care facility, home health agency, or hospital for the purposes of providing services for my care.
- d. Our associates work within medical facilities shared by other healthcare providers within the facility or providing “coverage” for their independent practices. It is not feasible to maintain separate records the Associates routinely provide “coverage” for one another and regularly consult one another. Addiction Pain Associates— Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco and other associates—have each entered into agreements with APA to not divulge information to a third party without your consent. APA supervises/manages the release of medical information process within the office.
- e. Physicians, pharmacists, nurses, social workers, and other health professionals that are involved in my care for the purpose of coordination of care.
- f. Drug Court, Probation, Parole or DYFS under circumstances when a patient informs me of involvement in a supervision program and a representative of that program calls for information.

3. MEDICARE INSURANCE BENEFITS Addiction Pain Associates* —Dr. Larry Pettis and Dr. Daniel Zimmerman or Addiction Pain Associates* are not participating providers.

4. GUARANTEE FOR PAYMENT

In accordance with the above terms and in consideration of the services provided to the above-named patient by Addiction Pain Associates* — Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco and other Associates— the undersigned agrees, whether he/she signs as patient or guarantor, to pay Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco and other Associates for all services rendered.. If the requirements for referral, second opinion or pre-certification of care, as outlined by my insurer, benefit plan or other payer, have not been followed, the patient and/or guarantor may in some instances be personally responsible for all charges incurred.

Patients who are receiving medically-assisted addiction treatments must stay current with payments. Patients not current with payments will no longer be considered patients of this practice. This policy is detailed in specific consents. Patients entering treatment do so with the full understanding of their obligation to remain current with payments for medically-assisted treatment.

5. INSURANCE BENEFITS

Addiction Pain Associates*—Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco, and other Associates— do not accept private insurance for a number of reasons. Insurance companies do not contract with non-psychiatrists for counseling or “medication management” services. Medicaid mandates mental health services to be provided in licensed community mental health and methadone programs, but has made no provision for contracting with private doctors for mental health/addiction services. Medicare only pays psychiatrists for psychiatric services.

Should Addiction Pain Associates*—Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco or other Associates enter into an agreement with my insurance company, in consideration of any and all medical services, care, drugs, supplies, equipment and facilities furnished by the associates, I authorize direct payment to the associates of all insurance benefits applicable to these medical and other services, which are now or which shall become due and payable to me.

6. HIPAA Notice of Privacy Practices Acknowledgement

I acknowledge that I have received or I have been provided the opportunity to receive a copy of the “Notice of Privacy Practice” that explains when, where, and why my confidential health information may be used or shared. I acknowledge that Addiction Pain Associates*—Dr. Larry Pettis, Dr. Daniel Zimmerman, Dr. Stephen Colameco and other Associates may use and share my confidential health information with others in order to treat me, in order to arrange for payment of my bill and for issues that concern his practice operations and responsibilities.

7. OFFICE POLICIES

I agree to comply with all office policies. As an example: we do not routinely "call in" prescriptions for DEA controlled drugs. Refills are NOT routine without an office visit. Call at least one week in advance for an appointment; evening appointments usually require 2-3 weeks notice. We charge for missed appointments.

* Addiction Pain Associates is the business name for Addiction Pain Management, LLC. This corporation provides management services for the associated independent medical practices of the affiliated physicians working within the facilities/programs/locations managed by the corporation.

Initials of patient or person authorized to sign HIPAA Notice for patient _____
(Initial)

I have reviewed the above and agree to all policies.

Signature of patient or guardian Date

Patient's relationship to person authorized to consent _____

Signature of Guarantor Date

Patient's Relationship to Guarantor

Signature of Witness Date