

CONSENT FOR CARE AND TREATMENTS

TO THE PATIENT/PARENT/GUARDIAN: You have the right to be informed about the condition(s) and recommendations for diagnostic, medical, surgical, and/or any other treatments for the above-named patient. This is to ensure the best possible decision regarding care for the patient. All possible benefits, risks, and/or hazards involved are always available to the patient/parent/guardian. This consent form is simply an effort to obtain permission to treat the patient with necessary evaluations that may lead to appropriate treatment for any possible identified condition(s).

This consent provides Jennifer Midgett LLC / Premier Pediatrics of Louisiana and its staff with your permission of the following:

- Perform reasonable, appropriate, and necessary medical treatment in the form of the following, but not limited to, medical evaluations, examinations, laboratory testing, diagnostic screenings, possible treatments, use of Paper and Electronic Health Records (audio/visual/paper/electronic, etc.), obtaining pharmacy records, coordination of care, etc.
- Bill for medical services to either the insurance company associated with patient or to the patient/parent/guardian for care received. In the event the insurance company does not pay all costs of care, the responsibility of medical cost will be billed to the patient/parent/guardian for services rendered.
- Discuss medical information with my HIPAA trained PCP and staff of PPLA, specialists/referral provider/staff, insurance company/staff, pharmacy/staff, laboratory/staff, hospital/staff, and medical personnel working as my representative for care coordination. Any other authorized individuals will be listed specifically in the Authorized Individuals section.

Controlled Substance Treatment Agreement & Consent

The purpose of this agreement and consent is to protect your access to controlled substances and protect the provider's ability to prescribe for you. There are various types of controlled substances that can be beneficial to a patient's health when used appropriately. The most common type of controlled substances used by our office are Stimulants (narcotic) treatment for ADD/ADHD and occasionally narcotic pain medication for patients transitioning care to a specialist. In the event a controlled substance is considered, the patient is required to have an agreement and consent to protect both the patient and the provider. Due to the potential of abuse or diversion, strict accountability is necessary when being used or with the possibility of being used. For this reason, the following policies are agreed to by you (patient/parent/guardian), as consideration for any condition, the willingness of the provider who will write your prescription.

General Information

- All controlled substances must come from the patient's Primary Care Provider (PCP), unless specific authorization is obtained for an exception from my PCP or the patient's specialist.
- The patient/parent/guardian will take/administer prescribed medication appropriately as directed by the patient's PCP.
- The patient/parent/guardian will not increase/decrease medication without the approval of the patient's PCP.
- The patient/parent/guardian will not obtain medications from other providers. (Under certain circumstances, the patient is allowed to obtain narcotics from providers such as Specialist, Hospital/Emergency Room, and Urgent Care and will notify Jennifer Midgett LLC / Premier Pediatrics of Louisiana immediately upon doing so.)



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- The patient/parent/guardian will not share medication with anyone, including family members.
- The patient/parent/guardian will not sell the medication.
- The patient/parent/guardian will not get replacement for any lost or stolen medication regardless of the circumstances.
- The patient/parent/guardian will not get early refills.
- The patient/parent/guardian will notify Jennifer Midgett LLC / Premier Pediatrics of Louisiana if alcohol and/or illicit drug abuse occurs during the use of the medication.
- The patient/parent/guardian agrees to periodic random drug screening tests.
- The patient/parent/guardian agrees to random pill counts.
- The patient/parent/guardian agrees to participate in adjunctive management programs such as psychological testing, counseling and therapy, behavioral health services, school-based interventions, and job modifications if recommended by the provider.
- The patient/parent/guardian will not request prescription refills when the clinic is closed, after hours, holidays, or weekends.
- *Females:* The patient/parent/guardian will notify Jennifer Midgett LLC / Premier Pediatrics of Louisiana immediately to discuss tapering off medications in the event of pregnancy and understands that failure to do so may result in discharge from the practice. The patient/parent/guardian will not hold the practice, provider, or any staff member responsible for any harm that may occur to the patient and/or the patient's unborn child.

After reading the above information, the patient/parent/guardian agrees to the following:

- The patient/parent/guardian is responsible for maintaining and attending all scheduled appointments regarding medication including adjustments, concerns, and refills.
- The patient/parent/guardian understands that this PCP may stop prescribing controlled medication or change the treatment plan if the patient/parent/guardian fails to follow the above recommendations.
- The patient/parent/guardian agrees to ask the PCP about questions or concerns if any may arise.
- The patient/parent/guardian has read this information thoroughly and understands the purpose and responsibilities of this agreement and consents to treatment for present or future needs.

Patient's First & Last Name

Patient's Date of Birth

Signature of Parent/Guardian

Printed Name of Parent/Guardian & Relationship

Date