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WOMEN'S HEALTHCARE ASSOCIATES OF REDDING
POLICY REGARDING PRESCRIBING OF NARCOTIC MEDICATIONS
PRE-OPERATIVELY AND POST-OPERATIVELY

In our endeavor to protect patients and act within the State's strict prescribing guidelines, Women's Healthcare Associates of Redding (WHAR), takes the prescribing of narcotic pain medications very seriously. For our patients' safety we have developed this office policy regarding prescribing narcotic pain medications pre and post-operatively for all of our patients. The purpose of this policy is to prevent any misunderstandings regarding the use of narcotic pain medication for pain management.

- I understand that I must report the use of ANY chronic pain medication use (meaning any narcotic medication being prescribed more than one time), at the onset of my care at WHAR.
- I understand that any time while I am a patient at WHAR and am prescribed chronic narcotic medications I will report that to my medical provider immediately.
- I understand that WHAR will ask me to update my medication reconciliation at all appointments and I will truthfully report all such medications.
- I understand that if I am currently being prescribed narcotic pain medication by ANY OTHER medical providers for chronic pain issues, WHAR WILL NOT provide any narcotic pain medication outside of a hospital setting. WHAR WILL NOT assume any management of unrelated chronic pain issues post-operatively.

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- I understand that if I am currently on chronic narcotic medications or on a pain contract with any other medical provider, I will discuss the use of pre and post-operative pain management with the prescribing provider to ensure that I receive proper medical advice as to any adjustment of the dose or type of narcotics that may be necessary pre and post-operatively. WHAR WILL NOT prescribe any narcotics, make adjustments of the dose or type of narcotics, and we WILL NOT assume the role of management or treatment of pain related to any ongoing chronic pain condition, which may be exacerbated with undergoing surgical procedures.
- To the extent permitted by law, I authorize WHAR and any pharmacy where I fill my prescriptions to fully cooperate with city, state and federal law enforcement agency investigation of possible misuse, sale or other diversion of my pain medication.

Any non-compliance with this policy will be grounds for immediate dismissal for further medical services from WHAR.

I have had the opportunity to read and ask questions regarding this policy. I agree to fully cooperate with and abide by this policy.

Patient, Parent or Person Authorized to Sign for Patient Date