# **Comprehensive Pain Care, P.C.**

# **Patient Handbook**

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# Welcome

Welcome to Comprehensive Pain Care, P.C. Our staff is dedicated to providing pain relief to patients with chronic pain, cancer pain and pain associated with AIDS, the infirmities of age and other incurable conditions.

It is our belief that pain control is a team effort. The patient is the central member of the team at "CPC". Communication between the center's staff, the patient, and the patient's loved ones is central to the development of an effective pain management program for the patient. The patient must help us, help them.

This booklet explains a little about "CPC" and our policies. We feel strongly that patients are best served if we all work from a common ground. Thus, we have included a copy of our principles of medical practice (found later in this handbook), which will help the patient to understand how we view the role of the physician. We hope that you will agree with our principals and wish to become part of our practice.

# INTRODUCTION

Comprehensive Pain Care, P.C. is a special practice for special patients. The unifying principle that unites all of our patients is that they have pain. While medicine cannot cure all patients, we feel that physicians can *care* for all patients by offering pain relief and comfort to those whom we cannot cure. We always seek to cure but when cure is not possible we seek to relieve and comfort.

Dr. Donald R. Taylor is the Medical Director at Comprehensive Pain Care, P.C. A Georgia native, Dr. Taylor was born in Cobb County, raised in Cherokee County, attended Cherokee High School, and graduated from Georgia State University with BS and MS degrees in physics. He has a Master of Medical Science degree in Anesthesiology and Life Support Systems from Emory University and his medical doctorate is from the Medical College of Georgia. Dr. Taylor did his graduate medical training at Johns Hopkins Hospital in Baltimore, Maryland, where he specialized in regional anesthesia and pain management. While at Johns Hopkins Hospital, he founded the acute pain service and was a consultant on the chronic and cancer pain services.

# WHAT IS PAIN MEDICINE?

Since Pain Medicine is a relatively new medical specialty, many patients, and even physicians outside the specialty, are often not well informed about what Pain Medicine specialists do or how they are trained. Pain Medicine physicians specialize in caring for patients who suffer from a wide variety of painful conditions. Some of these may resolve over time and some may persist a lifetime. We would like to provide you a little more information about what these specialists offer patients.

# Pain Specialists

First, it is important to realize that there are a number of different types of physicians and non-physicians that call themselves pain specialists. Pain specialists may be psychologists, dentists, neurologists, anesthesiologists, other medical specialists or health care providers. Suffice it to say that all pain specialists or all pain centers are not alike. Some specialize in the use of surgery, nerve blocks or other procedures, others in medication management and some in the psychological management of pain.

We believe that if the cause of the pain cannot be eliminated, the pain itself should be treated as vigorously as any disease. Indeed, we think that in this setting pain becomes the disease. As Comprehensive Pain Care, P.C., our pain management physician is trained in the use of both medications and interventional approaches for pain control. As an anesthesiologist, Dr. Taylor is an expert in the use of pharmacological (drug) therapy for pain management as well as pain blocking techniques including the use of spinal cord stimulators and implantable pumps for the delivery of spinal medications, Thus, we are able to offer a wide variety of pain control options to our patients.

## **Anesthesiologists**

It is surprising to many patients that anesthesiologists comprise the majority of physicians devoted to the practice of Pain Medicine. Few lay people know than an American anesthesiologist founded the field of pain management. That this should be so, should not be too surprising, if one stops to reflect on the fact that the focal point of anesthesiology is the control of pain during surgery. It was only a logical extension of providing pain control during surgery to the management of pain in any setting. Many anesthesiologists have exchanged the role of mysterious masked man at the head of the operating table for that of an office or clinic based practice, where they seek to use their knowledge and skills for the relief of pain and suffering outside of the hospital setting. By training, anesthesiologists are applied pharmacologists, anatomists and skilled at procedures used to control pain, nowhere else in medicine do physicians become as intimately familiar with the use of therapeutic drugs, particularly analgesics, as in the practice of anesthesia. Those anesthesiologists that choose to become an expert in the area of regional anesthesia have to become well versed in the anatomy of the nervous system. That anesthesiologists founded, and remain leaders in, the field of Pain Medicine is a natural consequence of their desire to extend their expertise in pain control in all settings.

# **Individualization of Therapy**

At Comprehensive Pain Care, P.C., we work together as a team to provide the best analgesic solution for each patient. We believe that individualization of therapy is the best way to optimize the fit between the treatment plan and patient. There is a general trend in medicine today to use the same treatment protocol for every patient (so called "Cookie cutter medicine"). This is much like giving every new recruit in the army the same size boot. Certainly these boots will fit some recruits perfectly, for others they will be too big and for some too small. It is only by measuring the feet that a proper fit is obtained.

Just as all recruits do not have the same size feet, all patients do not have the same kind of pain problem. No two patients respond exactly alike to the same medication. No two patients have exactly the same social support. No two patients have exactly the same needs, therefore; we try to look at each patient as a unique person. We feel that it is only in this way that we can hope to provide the best care for each patient. By working together as a team, the patient, medical staff, family and/or significant others can define a common goal. The medical staff then helps the patient achieve that goal.

# The Pain Management Team

Our approach to pain management is that of a team. Each member of the team has different but overlapping roles. Below we give a list of the team members and some of their duties:

(1) The Patient: The patient provides the motivation for the rest of the team's efforts. He/she approves all treatment plans.

(2) The Pain Physician: Educates the patient and family or significant other about the pain treatment options. Helps develop and implement the treatment plan and performs technical procedures when indicated.

(3) The Primary Care Physician: Responsible for the patient's general medical care.

(4) Pain Nurse: Educates the patient about medications and helps the pain physician implement the treatment plan. Helps monitor effectiveness of pain control and is the primary liaison with patient and family. Helps coordinate overall pain management plan.

(5) Office Manager: Assists patient with all aspects of billing and insurance issues.

(6) Family and/or Significant Other: Often those close to the patient can provide significant assistance with the implementation of the treatment plan. We welcome the assistance of such lay caregivers.

## **Informed Consent**

A mentally competent adult has control over his or her own body and therefore a physician must obtain informed consent before beginning medical treatment. You, the patient, have the right to choose a physician from whom you wish to receive treatment. You have the right to say when or whether medical treatment will begin and to set limits on the care provided. You have the right to know before the treatment begins what treatment will consist of, what effect it will

have on your body, what the common inherent dangers are and what it will cost. Prior to any procedure, we will discuss the nature of the proposed treatment and the consequences involved. We will explain the normal response and common side effects or complications known to occur. We will also discuss alternate forms of treatment.

### **PRINCIPLES OF MEDICAL PRACTICE**

At Comprehensive Pain Care, P.C., we are dedicated to providing the best medical care possible. We feel that the practice of pain medicine (algology) requires unique characteristics of the physicians, nurses, psychologists, counselors and other caregivers who choose to devote themselves to this difficult area of healthcare. We all feel strongly that our patients deserve the best possible care. To that end, Dr. Taylor has developed a set of principles to guide our practice. We feel that it is our duty to adopt such guidelines to protect our patients from the many harmful influences that can impede their care in today's healthcare environment. The following standards define what we consider to be the essentials of honorable business conduct for physicians and other healthcare practitioners. Dr. Taylor follows these principles and he expects all employees of the Practice for Pain Medicine to adopt similar standards. (Parts of this set of standards were adopted from the American Medical Association's "Principle of Medical Ethics".) Please read the following principles that guide our practice of pain medicine.

## **Our Principles of Medical Practice**

(Patient Copy)

- 1. A physician must be dedicated to providing competent medical services with compassion and respect for human dignity.
- 2. A physician shall openly tell the patient about appropriate treatment options, answer questions about medical risks and give the patient the current and accurate medical facts needed to make informed decisions about treatment.
- 3. A physician shall provide patients with information about other physicians and medical resources when this will benefit the patients.
- 4. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficit in character or competence, or who engage in fraud or deception.
- 5. A physician shall practice within all confines of the law; but shall also recognize a responsibility to seek changes in those laws that are contrary to the best interest of their patients.
- 6. A physician shall respect the rights of patients, colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.
- 7. A physician shall respect the rights of patients, staff and colleagues to have an office environment free from sexual or racially motivated harassment. Any sexually oriented activity between the staff and patients is unethical and will not be tolerated.
- 8. A physician shall care for patients without regard to sex, race, creed, color, sexual orientation or previous condition of servitude.
- 9. A physician shall continue to study, continually learning how to apply advanced scientific knowledge in the care of their patients.

- 10. A physician shall, except in cases of emergency, be free to choose to whom they deliver medical services.
- 11. A physician shall recognize their responsibility to participate in activities contributing to an improved community.
- 12. A physician shall recognize their own responsibility to their own and to their families' physical, mental, and spiritual health.
- 13. A physician shall at times, for personal renewal and/or professional education, need to be away from his practice. During this time the physician shall arrange for appropriate coverage for his patients.

If you think that our physician or staff are not adhering to these principles, if there is any concern that you have not been treated with compassion, dignity, and respect or if you feel in any way harassed or subjected to unethical treatment please report your concerns to our practice manager, Johnnie Mullinax, immediately.

Please note that this copy of the Principles of Practice is yours to keep. A duplicate copy will be provided for you to sign and return to the front desk. Your signature will indicate that you have read, understand and agree to accept treatment at our center. Thank you.

# **Important Information**

#### **Appointments**

Your time is valuable and we will always try to see you in a timely fashion. However, it is our nature to provide consistent and high quality care to each patient. Please understand that some patients require more time than others. Please excuse any delays and understand that we give each patient the same careful attention as the one before. We appreciate your patience.

You may call before you leave home to see if we are on schedule. If we are running significantly behind schedule (e.g. if there is an emergency), you will be offered the option of being rescheduled.

#### **Cancellations**

If you cannot make an appointment please notify us as far in advance as possible. Patients that reschedule their appointment more than 24 hours in advance will not be billed. All other missed appointments will be billed a no-show fee.

#### Work-in Visits

If you feel you need to be seen urgently, please call and discuss this matter with us. We can put you on our cancellation list so that if we have a cancellation you may have that time slot. We are not an emergency room and urgent matters should be taken to the emergency room.

#### **Urine Drug Testing**

Please note that it is our office policy to obtain random urine drug tests from patients. Depending on your insurance or self pay status, you may be required to pay a fee the same day.

#### Office Telephone Number

You may reach us for scheduling appointments, medication refills, or any other reason at our main number 770-421-8080.

#### In an Emergency

If you have a life-threatening emergency, call 911 and activate your local emergency medical system.

#### **Medications**

It is the patient's responsibility to know when they are running low on medication and to make an appointment for refills. <u>We do not normally do refills over the</u> <u>phone</u>. In extenuating circumstances exceptions may be made. Please, remember that almost all narcotics require a written prescription and cannot be called in to a pharmacy.

#### Policy on Payment

Office Visits: Every patient is <u>personally responsible</u> for the payment of medical services delivered to them, even if they have insurance. Payment for each office visit is expected at the time of the visit. We accept Visa, Master Card, American Express, Discover, cash and personal checks. We accept a limited number of Medicare assignment patients. We do not accept Medicaid.

Procedures: As with office visits, each patient is <u>personally responsible</u> for payment of medical services rendered to them. Payment for procedures is expected at the time the procedure is performed.

If the patient wises, we can file your insurance claim for you. Our filing of your claim, however, does not relieve you of responsibility for payment. The patient must pay any co-pay or deductible due before a procedure is performed and/or at the time services are rendered. Prescription fees collected at the discretion of the physician. Photo identification will be required at this office.