

The North Carolina Comprehensive Headache Clinic (NCCHC) Consent for Treatment

I understand that any medical or surgical treatment, including medication prescriptions, and injections, have the potential to result in significant permanent injury, or rarely, even death. By agreeing to take a prescribed medication or accept a surgical procedure, injections, or blocks, or following any recommended course of therapy, I am indicating my willingness to proceed with treatment in the belief that I have been adequately informed about the consequences of my treatment. I understand that acceptance of treatment is ultimately my decision. I understand that treatment carries risks of sedation, impairment of judgment, driving hazards, may affect other medications, may cause changes in behavior, and that I am the one solely responsible for my actions under treatment.

I understand that the physician at the North Carolina Comprehensive Headache Clinic is not responsible for diagnosis and treatment of medical conditions other than the primary headache disorders. If I wish to have other conditions such as tumor, aneurysm, or infectious or inflammatory diseases excluded after my evaluation at the Headache Clinic, they recommend evaluation by a general neurologist or consultation with my primary care physician. If there is a psychiatric condition, I am responsible for obtaining psychiatric care. To safely and effectively treat me at NCCHC, I understand that my records may be sent to my other current treating physicians. (PCP, OB/GYN, Psychiatrist, etc....)

In the event of a medical emergency, it is my responsibility to proceed to an emergency facility for evaluation and treatment. If hospitalization is required, another neurologist who treats inpatients will become involved at that time. If transfer to a hospital or another physician is required, I understand that medical complications that arise as a result of delay in referral are an unavoidable risk. I understand that this is an outpatient care facility only and there has been no implied responsibility to maintain after-hours, continuous, or emergency coverage. NCCHC's regular in office and phone consult hours are Tuesday-Thursday 8:00am to 4:00pm. Monday and Friday 9:00am-11:00am phone consults only.

I understand that attending a scheduled or recommended followup appointment is necessary to ensure that I am having no side effects of treatment, and to review the need for any further testing or diagnostic change. I understand that followup appointments are recommended at a specific time interval and canceling or rescheduling appointments for later dates carries a risk for which I am responsible.

I understand that prescriptions are not "called in" for reasons of safety if visits have been missed or significantly rescheduled.

I understand that prescriptions are written to last until my next visit and that I am responsible for making sure I have all prescriptions necessary before leaving. I understand that denial of telephone requests for "call-in" prescriptions may result in medical complications, which I am solely responsible for.

If I am a female of reproductive age, I understand that I have responsibility to inform the staff if I am pregnant, might be pregnant, or plan to become pregnant, and to inform us of my current or planned use of contraception. I understand that medication and treatment may change effectiveness of birth control and carries risks to pregnancy. I understand that I am responsible for consulting my GYN physician regarding the effect any medication I am considering taking may have on reproductive health and pregnancy.

I understand NCCHC does not participate with any insurance companies and that no insurance will be filed on my behalf. I understand that all medical costs are my responsibility at the time of service. I understand that NCCHC does not handle any personal injury, auto accidents, worker's compensation, or provide long-term narcotic prescriptions. We will not be supporting any continuation of disability or determining disability on patients. All disability issues will be at the discretion of other providers.

Some patients are extremely sensitive to cigarette smoke, perfume and other scents. I understand that I am not to wear scents or smoke prior to coming to my appointment. If I do I understand that my appointment can be rescheduled.

I understand that a \$50.00 fee will be charged for no showing an appointment or canceling an appointment less than 48 hours prior to my appointment time if I am an established patient and \$100.00 if it is a no show or late cancellation for a new patient appointment. I understand there is a \$25.00-\$75.00 fee for filling out forms (FMLA etc).

 Patient Signature

 Date

 NCCHC Employee Signature

 Date