



Renovation Health and Wellness, LLC

Acknowledgement of Office Policy on Chronic Pain & Pain Management

Our office **does not treat chronic pain** and any patients that have chronic pain **will be referred to pain management.**

Informed Consent for Drug Screen

I, _____, do hereby voluntarily consent to a drug screen as deemed necessary¹ by my healthcare provider. For this purpose, I consent to the examination of my urine for the presence of drugs.

This form has been thoroughly explained to me and all my questions have been answered.

Patient's Signature _____ Date _____

Witness's Signature _____ Date _____

¹ **Public Chapter 67**

Chapter 67 of the 2009 Public Acts provides that physicians, dentists, optometrists, podiatrists, veterinarians, advanced practice nurses with a certificate of fitness to prescribe, and physician assistants shall report to local law enforcement within three (3) business days if they have good reason to believe that a person has obtained or attempted to obtain a controlled substance when they have either received the same controlled substance, a prescription for the same controlled substance, or a therapeutically equivalent controlled substance from another practitioner within the previous thirty (30) days.

This Public Chapter became effective on July 1, 2009.