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## **PAIN MEDICINE AGREEMENT/CONSENT FOR TREATMENT**

I, (the "Patient") or I, (the Patient's authorized representative) \_\_\_\_\_ understand that in order to receive care for the management of pain, I must comply with the rules, regulations and policies that have been established by Gramercy Pain Center LLC.

I understand that Gramercy Pain Center is a **consulting practice**. My primary or referring physician will continue to care for my medical needs and history. Once stabilized on a medical regimen, I may be sent back to my primary physician for continued prescriptions and follow up care. Gramercy Pain Center will generally provide a treatment plan and set up goals which may or may not include a multidisciplinary approach using medications, physical therapy, psychotherapy, behavioral medicine, and stress management team.

I understand pain represents a complex problem and in some cases only limited progress can be achieved. I agree to assume full responsibility and actively participate in all aspects of the Pain Medicine Program, which includes medications, physical therapy, psychotherapy, behavioral medicine, and sessions with the stress management team.

### **GUIDELINES AND POLICIES**

**The physician has the right to exercise his/her judgment in determining any violations, which may include, but are not limited to: compromised physician-patient relationships, violation of privacy by discussion of medications and/or treatment of other patients, displays of inappropriate behavior while in the office and hospital, infringements, infractions or inappropriate use of any medications including all pain medications prescribed at the Pain Management Office or obtained from another source which is in direct violation of our medication agreement or deemed illicit by law. The patient will be subject to immediate dismissal from our Pain Management Office.**

1. I agree to obtain my pain medications and adjuvant therapy **only** from Gramercy Pain Center unless otherwise indicated by the pain management physician.
2. I agree to accept generic brand medications.
3. I am aware as a patient at Gramercy Pain Center; I may be required to undergo a psychological and psychiatric evaluation periodically for stress evaluation, learning of coping skills, maintenance of opioid medication and adjuvant therapy, and setting goals.
4. I will take the medications at the doses and frequency prescribed by the physician or his designee. I will discuss any changes in scheduled dosing with the physician or his designee during an office visit prior to making that change.
5. **I am aware that I am responsible for the allotted one month supply: if I use up the supply, additional medications may not be given.**
6. **I will give a minimum of 5 days notice for any medication refill that is required.**
7. I am aware that **medication renewal is my responsibility**. I will make arrangements with my pharmacy for appropriate delivery. I am fully aware that any lost, stolen or damaged pain medications, including opioids, may not be replaced. **Stolen opioid medications must be reported to the police and a police report should be obtained** for your file in our office. In addition, medications lost, stolen or damaged during vacations, extended visits or holidays may not be renewed.
8. I understand that my prescribed medications can be dangerous to other people. I will protect my prescribed medications at all times. I will keep them away from children and safeguard those around me. I will not open the medications over a sink or bathroom. I will not share my prescribed medications with anyone else.
9. Gramercy Pain Center requires patients to take a random urine or blood test for screening. **I understand that if I refuse to take such a test or if illegal or non-prescribed medication is detected, this may result in my immediate dismissal from our office.** I will not hold any members of Gramercy Pain Center, including the physicians, accountable or liable for the discontinuation of my care.

