



# HEALTHCARE ASSOCIATES in Medicine, PC

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## CHRONIC OPIOID PAIN MEDICATION AGREEMENT

If your physician concludes that your chronic pain problems require pain medication, by signing this contract you agree to adhere to our policies regarding medications.

- **Nothing contained herein represents, implies or otherwise commits the evaluating practitioner to provide any medication at the time of this service or any subsequent visit or service. Your visit and the services provided are not refundable and not contingent on your receiving any specific service or medication.**
1. You are responsible for requesting prescription refills **5-6 business days** in advance.
  2. Opioid pain medication will be prescribed **ONLY** by your designated physician/physician's assistant at **Healthcare Associates of New York who initiated this treatment plan and is part of your treatment team**. Requesting or receiving opioid pain medication from other physicians outside of this office can result in a discharge from the practice.
  3. Patients must take medications as prescribed. Our physician/physician's assistant will be the only one to decide if it is necessary to change the opioid daily dosage, i.e., when and how to increase the daily dosage. Prescriptions will not be filled early and will be given monthly when dose requirements are established. If your physician/physician's assistant decides to discontinue the use of opioids she/he will follow you through the tapering off period.
  4. The end point of the opioid trail will be: **(A)** significant degree of pain relief, **(B)** unmanageable side effects or **(C)** lack of benefit. The opioid dosage will be slowly titrated over several days. Because of possible side effects the opioid titration might be delayed. Your physician/physician's assistant will make use of either long-acting or immediate release opioid medication.
  5. To avoid losing medications we recommend that you do not keep your full prescription with you at all times. Keep your daily amount in a pill box. Lost medications will not be replaced and may result in being weaned from the medications.
  6. Lost, stolen, destroyed or otherwise missing medications shall not be replaced. This decision may, at the sole discretion of your physician/physician assistant be modified only once per year under special and unusual circumstances.
  7. You must comply with other recommendations, which may include psychological counseling, physical therapy and nutrition changes as deemed necessary by your physician/physician's assistant.
  8. At your physician/physician assistant discretion, random Urine Drug Testing and Serum Toxicity Screens may be performed. Your physician/physician's assistant will also be granted permission to speak with a family member, pharmacist or other physician involved in your care should this be necessary.
  9. Telephone requests for refills must be made Monday-Thursday during the hours of **8:30am-3:30pm**. **Refills will not be refilled at night, on weekends or holidays.**
  10. If in an emergency you have opioid pain medications prescribed by another source, our office **MUST** be notified in writing within **seven (7) days**.
  11. Possible side effects include: **(A) Drowsiness and Sedation**--driving and/or operating heavy machinery or motor vehicles must be avoided; **(B) Constipation**--this may occur and could result in an obstruction requiring surgery; **(C) Nausea and Vomiting**--could be severe. If any major side effects should occur please inform the office by calling **(718)448-3210**.

### **NEUROLOGY**

Stephen A. Kulick, MD, FAAN, FACP  
Florence Shum, DO  
Steven Lin, DO

### **PEDIATRIC NEUROLOGY**

Steven B. Schwartzberg, MD

### **NEUROSURGERY**

John S. Shiau, MD, FACS  
Ami Raval, MD

### **ORTHOPAEDICS**

John P. Reilly, MD  
Joseph J. Giovinazzo, MD, FACS  
Vincent Ruggiero, MD  
David Hip-Flores, MD  
Hillary Alpert, MD  
Lauren Grossman, MD  
Jonathan Gross, MD  
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### **PAIN MANAGEMENT**

Germaine N. Rowe, MD, FAAPMR  
Glenn D. Babus, DO  
Nakul Mahajan, MD

### **RADIOLOGY**

Richard S. Pinto, MD, FACP  
Salvatore DeSena, MD  
Steven Sharon, MD

### **NEUROPSYCHOLOGY**

Marie Briody, PhD  
Lindsay Miami, PhD  
Kayla Downing, PhD  
Lindsey Greenfield, Psy.D

### **PHYSICAL THERAPY**

Alejandro T. Mariano, PT Cert. MDT

### **OCCUPATIONAL THERAPY**

Mona Samaan, OTR/L, CHT  
Bart Zylewicz, OTR/L

### **ADMINISTRATION**

Paul I. Berkley, FACMPE  
Kathleen M. Tramontana

### **WEBSITE:**

[www.hca-si.com](http://www.hca-si.com)



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12. You must keep your scheduled appointments in our office if opioid medications are being maintained. **Three (3) cancellations** or no shows can be grounds for weaning off the medications and/or may result in being discharged from our practice.

13. A copy of this agreement will be given to you and may be sent to designated pharmacies and to your other treating physicians.

I understand that violations of this contract could result in cessation of opioids or a referral to a substance abuse program for detoxification or discharge from this medical practice at all locations.

**Designated Pharmacy:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_

\_\_\_\_\_  
**Patients Name (please print clearly)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Patients Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Relationship**

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