

## Orientation Agreement

Our goal is to return you to the best level of functioning to allow you to regain control of your life. You, the patient, will actively participate in your treatment regime. The following are a list of policies and commitments that you as a patient need to agree to in order to effectively treat your pain and disability.

1. I understand that it is the patient's responsibility to provide a complete set of medical records including imaging studies (MRI/CT/Xray), notes, lab work, etc to this clinic. This is so I may receive the best possible care.
2. I will be prepared at every visit with a full list of my medications, their dosages, and how often I take them
3. Physicians and Midlevel Providers at ROCHESTER BRAIN AND SPINE will not generally prescribe controlled substances/narcotics for you, however if the provider chooses to prescribe controlled substances to you, there will be an agreement signed between the parties.
  - a. If you have already signed an agreement with another provider, signing the agreements will not violate your existing agreement. The provider will not prescribe controlled substances unless it is deemed appropriate to transfer this responsibility to the provider.
4. As a courtesy, the clinic may call to remind me of my appointment the day before, but ultimately it is my responsibility to keep my appointment. If unable to make my scheduled appointment, I will call and cancel (a 48 hour notice is needed). Three missed visits may result in discharge from the practice. I also understand that failure to give proper notification of a cancellation may require me to pay a fine for a missed appointment.
5. Requests for refills must be:
  - a. Telephoned to the clinic at least 2-3 days for WC patients and 1-2 days before refill for patients not under WC. If fill date falls on a weekend patients may call the Friday before to request their refill. Be prepared when calling to provide your name, current telephone number, name, and dosage of the medication, how many left and your pharmacy's telephone number.
  - b. Refills will not be made at night, on holidays or weekends. Requests are to be made during regular business hours which are noted to be 8:00 a.m. to 4 p.m. Monday through Friday.
  - c. Each prescription is expected to last the entire duration of the instructions on the original prescription. If I use up medications earlier than prescribed, I understand that they will NOT be replaced.
  - d. It may be necessary that some prescriptions be picked up in person. These prescriptions can only be picked up by the patient or those authorized under that patient's HIPPA form.
  - e. If my pain is significantly worsened, I will call the office or go to the emergency room.
  - f. I will check all prescription bottles prior to calling the office and have them on hand for any questions that may be asked about my prescription.
6. No prescription refills can be given if I have not been seen in the clinic within the past year. No refills for controlled substance can be given if I have not been seen for three months.
7. I do understand that if I am being treated by the neurosurgery team I will ONLY receive medication during an "acute post operative period." This is defined as 8 weeks post operative from the date of my surgery for any lumbar spine fusions, and 4 weeks post operative from the date of my surgery for any cervical surgery, SCS permanent implantation or lumbar laminectomy. After this period I do understand that my pain medication needs will need to be discussed with my primary physician.
8. Please feel free to call to inform us of any medication problems, however, please realize that in order to provide quality care we may need to see you for a follow-up visit in order to prescribe new medications.

9. I do understand that if I use other pharmacies then what I have declared to the office I will be discharged. I also understand that uses of multiple pharmacies will also result in my discharge from any further medications that are provided from this office and even a discharge from the practice.
10. Due to the nature of pain medicine and the prevalence of illicit drug use in our society, a baseline drug screen may be completed on my first clinic visit (and randomly thereafter). If found positive for illegal drugs, unlisted medications, or misuse of prescribed medications, continuation in the clinic may be dependent upon completion of a drug completions program. I am expected to be honest about any prior history of drug abuse or prescription medicine misuse. I understand that my criminal history may be screened for prior drug charges.
11. In order to prevent insurance misbilling, I will promptly update any charges regarding my demographics or insurance information. Insurance card and ID must be shown at every visit.
12. If I decline access to Sure Scripts – there is a possibility that I may be denied prescriptions through this office.
13. If I use any nicotine product – I am subjected to random nicotine testing/screening per the discretion of the office.
14. If you need dental work and have had a cervical or lumbar fusion, we will prescribe antibiotics for you to take one hour prior to dental work for prophylaxis treatment for one year following surgery.
15. Children under the age of 18 are not allowed in the exam rooms and require supervision at all times in the waiting room.
16. All disability paperwork must be filled out at a formal office appointment. We will only fill out paperwork for patients that we have advised to stop working, and/or provided with an out of work note. We review all paperwork on a case by case basis. We reserve the right to decline filling out paperwork if it is out of our scope of practice. Please reference our disability paperwork policy for further details.

I have read and understand the above information, to the best of my ability. I will adhere to these policies and commitments. I further understand that non-compliance with my treatment program will delay my recovery.

Patient Signature:

Date: