



## PATIENT OFFICE CONTRACT

1. I will not be rude to the office staff.
2. Dr Keum's phone number is available on the voicemail for patient emergency only. Patient emergencies do not include your medication not getting filled. This is for 100% emergencies. Please do not abuse this privilege.
3. I am responsible for the controlled substance medications prescribed to me. If any prescription is lost, misplaced, or stolen, or "I run out early", I understand that it will not be replaced.
4. Refills on all medications: Will be made only during regular office hours. In person, during a scheduled office visit, or through the voicemail system at (440) 269-8190 with a 48 hour notification. Refills WILL NOT be made at night, on weekends, during Wednesday procedure day, or during holidays.
5. It is my responsibility; as the patient, to FOLLOW-UP WITHIN 2 MONTHS. It is required by state and federal law for all medication refills. I understand that this regulation will not be changed in any way. I understand the office will do their best to ensure that I am seen every two months, but it is ultimately my responsibility as the patient. Your 2 month refill will not be done without being seen.
6. I must bring all pain medication (pills/capsules/patches) that is prescribed to me by Dr Keum, in their original bottles for a "pill count". I am responsible for taking the medication in the dose that is prescribed to me and for keeping track of the remaining amount.
7. I agree to comply with the RANDOM urine, blood, or breath testing that documents the proper use of the medications, as well as confirming compliance. I understand that driving a motor vehicle or operating a machine may not be allowed while taking controlled substance medications and that it is my responsibility to comply with the laws of the state while taking the prescribed medications.
8. I understand that an OARRS (Ohio Automation Rx Reporting System) check will be performed on a regular basis with each prescription and/or office visit.



9. I understand that the main treatment goal is to reduce pain and improve my ability to function at work. In consideration of the goal, I agree to help myself by following better health habits, exercise, weight control, and avoidance of the use of tobacco and alcohol.
10. I understand that the dosage may be tapered if not effective, or if I do not abide by the treatment agreement.
11. I agree to provide Dr. Keum with my pharmacy contact information at which I will fill my prescriptions from Dr. Keum. If I require changing pharmacy, I agree to notify Dr. Keum.
12. It is the patient's responsibility to find a new pharmacy if their preferred one does not have their medication available. It is a good idea to make sure your preferred pharmacy has your medication available prior to calling in your prescription. If not, call around to find the available pharmacy to leave that information on the voicemail.
13. I agree that while receiving pain management intervention from Dr. Matthew Keum; I will not receive or take any other pain medication by any other medical professionals. If a necessary pain medication is prescribed to me by another physician, I agree to notify Dr Keum immediately. I understand that violations of these conditions will result in the immediate removal from Matthew M. Keum M.D., Inc. as a patient, and that I will have no recourse against Dr. Matthew M. Keum. I am solely responsible for the procurement of any tapering doses required to avoid withdrawal when discharged from the practice.
14. I agree that if I have to cancel or reschedule an appointment, I will give at least 24 hour notice or I will be charged a non-refundable fee of \$25.00 and I will not be able to reschedule my appointment until that fee has been paid.
15. If you have a new injury, accident, or get hurt in between appointments, you are required to seek medical attention before being seen again in the office.
16. I understand that if I violate any of the above conditions, my prescription for controlled substance medications may be terminated immediately. If the violation involves obtaining controlled substance medication from another individual or the use of non-prescription (illegal) drugs, I may be reported to all my physicians and the appropriate law enforcement authorities.



**Matthew M. Keum, M.D., Inc.**  
Pain Management Clinic

440.269.4990  
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By signing below, you are agreeing to the terms and conditions to the patient contract. If there are questions, please ask to speak to the office manager.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_