# Model opioid prescribing patient agreement

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescriber Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Agreement purpose**

We used to believe that using opioid medications for long-term pain was safe. We now know that opioids can be harmful. Our office reviews this agreement with patients to educate about and hopefully lower risks of harm from opioids. This agreement also lays out the rules for receiving opioids followed by all of our providers and sites.

(Please initial the following so we know you understand each of the following.)

## Risks of opioids

**Prescription opioids carry serious risks of addiction and overdose.** An opioid overdose, often marked by slowed breathing, can cause brain damage, coma, or sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed, such as:

* Tolerance, meaning I might need to take more of the medication for the same pain relief
* Increased sensitivity to pain
* Low levels of testosterone (for both men and women) that can result in lower sex drive, energy, and strength
* Physical dependence, meaning I can have symptoms of withdrawal when the medication is stopped. This can also lead to behaviors which cause harm to my personal relationships and job performance.
* Constipation
* Nausea, vomiting, and dry mouth
* Sleepiness and dizziness
* Confusion
* Depression
* Itching and sweating

**Risks of side effects and overdose are greater with:**

* A history of drug misuse, substance use disorder, or overdose
* Mental health conditions, such as depression or anxiety
* Sleep apnea
* Older age (65 years or older)
* Pregnancy (my baby may be born dependent on opioids and go through withdrawal symptoms after birth)
* Use at the same time of alcohol or other drugs, such as benzodiazepines (such as Xanax or Valium), muscle relaxants (such as Soma or Flexeril), sleep medicines (such as Ambien or Lunesta), or other prescription opioids.

## Our commitment to you:

We, the staff and providers at ORGANIZATION NAME, care about you and make the following commitments to you:

* We will refer you to other forms of treatment and not rely only on opioids to make you feel better.
* We will set treatment goals with you and monitor your progress in achieving those goals.
* We will assess your risk for side effects and overdose and make sure you are seen and examined according to that risk and as outlined by the state rules.
* We will review records of prescriptions you pick up and do urine drug testing and/or pill counts to provide the highest quality care as outlined by state rules.
* We will advise you about the risks associated with your treatment and make sure your treatment is as safe as possible.
* We will ask you about side effects and help you find the best way to manage these.

## What I, as a patient, commit to doing

Please read the following statements and initial to show you agree.

* The provider named in this agreement will be the only person prescribing opioids for me.
* I will use the same pharmacy for obtaining all medicine prescribed for my pain:

 Pharmacy Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I will take my opioid medication as prescribed. I will not take more than my prescribed amount without receiving instructions from my medical provider. This means I will not run out of my medication early.
* I will not share my opioid medications with anyone or sell them to anyone. This is a felony and will cause my provider to stop prescribing opioids to me.
* I will only take the opioids prescribed to me, even if another person offers me the same opioids, or another opioid medication that I have used in the past.
* I will tell my provider about any other medications I use, including over-the-counter drugs, vitamins, herbal medicines, and medicines for pain, anxiety, or sleep (these include benzodiazepines, such as Xanax or Valium, muscle relaxants, such as Soma or Flexeril, hypnotics, such as Ambien or Lunesta, and other prescription opioids). I will tell other providers about opioids prescribed by the provider named above.
* I will not use alcohol or take illegal drugs while under this agreement, as they put me at higher risk of overdose.
* I will not use motorized equipment after taking a new opioid or after a dose increase until I know how the medicine affects me. I will not use motorized equipment if I feel drowsy, dizzy, or not quite myself.
* Theft or illegal use of opioid medications is common. They can even be stolen from my home by visitors or young people. Therefore, I will hide or secure my opioid medications. I will consider using a lock box or another way to lock up my opioid medications.
* I will get rid of any unused opioids in a safe way, such as at a drop box at certain pharmacies or police departments. I can find safe drop off locations at www.takebackyourmeds.org.
* If prescribed by my provider, I will carry naloxone and make sure my family and friends know how to use naloxone for me, if needed.
* I will tell my provider if I become pregnant while taking opioids.
* I will tell my provider within 48 hours if I have a drug overdose.

## I know that:

* Opioids will not get rid of my pain completely, and the goal is to improve my day-to-day function.
* Participating in activities I enjoy, daily physical activity such as walking, and other activities like deep breathing and mindfulness meditation can be as or more effective than opioid medication.
* Opioid prescriptions will be written for no more than 30 days.
* Before I receive an opioid refill, my provider will first make sure I am up to date on important care procedures, such as a recent visit about my pain, a urine drug test, and a signed Opioid Patient Agreement.
* I will not receive a refill for a lost, stolen, damaged, or spilled opioid prescription.
* I must schedule and attend all scheduled follow-up appointments. If I cannot come, I will call at least 24 hours in advance to reschedule my appointment.
* The clinic must notify the police if it believes there is illegal activity related to my opioid medication, such as selling or giving away my opioid medication to other people.
* I will no longer be prescribed opioids if I am arrested or put in jail related to legal or illegal drugs.
* Any verbally or physically threatening or abusive behavior toward providers or staff may lead to no further refills of my opioid medication and potential discharge from the clinic.
* Other doctors, pharmacists, and/or other health workers can report any suspected violations of this agreement to my provider.

I will inform my provider if circumstances arise so that I cannot follow all commitments in this agreement, for example, using a different pharmacy or using my medications in a different way. I understand that my provider may make changes to my opioid medication treatment based on the degree to which I follow the commitments laid out in this agreement.

By signing, I agree that I understand the above and any questions I have about this agreement have been answered to my satisfaction.

Patient/legally authorized representative signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Prescribing Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Note: many clinics require visits to refill opioids. If you do not, here is potential language to include:

* Refill requests will take 3 business days to process. A business day is a day that the clinic is open for regular business. For example, if I request a refill on a Thursday and the refill is granted, I can expect the refill to be ready by Tuesday of the following week.