**[Name of medical office]**

**Opioid Treatment Agreement**

A treatment agreement is a document signed by a healthcare provider and a patient who is prescribed an opioid medication. The purpose of the treatment agreement is to help you and your healthcare provider work together toward safe and effective pain management and to avoid potential adverse issues.1

Our office will review this agreement with you and educate you so that you can get the best pain relief and know how to lower the chances of possible harm to yourself and others while you are taking your medication(s).2

The topics and education covered in the treatment agreement include:

1. Your responsibilities as a patient, your healthcare provider’s responsibilities, and the shared responsibilities of you and your treatment team. Your treatment team includes you, your healthcare provider, and the medical office.
2. The goals of treatment and how to take your opioid medication as prescribed.
3. How to safely dispose of unused, unwanted, or expired opioid medication.
4. The prescribing policies of the medical office and your healthcare provider.
5. The risks of addiction and overdose associated with taking an opioid medication.
6. Heath conditions that increase the risk of addiction and overdose.
7. Other substances/drugs to avoid taking while taking an opioid medication.
8. Alternative treatment options available for pain management that do not involve opioids.

**The Goal of Opioid Therapy**

The goal of opioid medication therapy is to reduce your pain and help you complete everyday activities.

You should know that opioid medications will not cure your pain. They also have major risks and side effects. That is why it is important for you and your healthcare provider to carefully monitor your use of opioids to see if they are the right medicine for you.

You should understand that opioid medications work best when you also use self-care skills and follow your chronic pain care plan.1

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| --- | --- | --- |
| **Provider initials** | **Patient initials** | **Shared Responsibilities** |
|  |  | We talked about how a controlled substance is a drug or other substance that the U.S. Drug Enforcement Administration (DEA) has identified as having potential for abuse. An opioid medication is a controlled substance. |
|  |  | We talked about possible side effects of opioid medications and the risk of overdose. We also talked about what to do if this happens.3 |
|  |  | We talked about how everyone’s body reacts to opioid medication differently. People with mental health conditions may be more likely to become addicted. This is because drug use and mental health problems affect the same parts of the brain.4 Risk of addiction to this medication is also higher for people who have been previously diagnosed with substance use disorder. |
|  |  | We talked about why it is important to avoid alcohol while taking opioid medication. Also, unless specifically advised by my provider, it is important to avoid taking opioid medications when also taking:5   1. Benzodiazepines (such as Xanax, Valium, and Ativan) 2. Muscle relaxants (such as Soma or Flexeril) 3. Hypnotics (such as Ambien or Lunesta) 4. Other prescription opioids |
|  |  | We talked about safe and effective use of opioid medication, the FDA-approved medication guide, adverse reactions, and information on opioid use in pediatric, pregnant, and lactating patients. |
|  |  | We talked about other treatment choices. We decided together to use opioid medication, but my doctor also recommends starting or continuing the following:3  Physical therapy: Yes No  Talk therapy: k Yes No  Exercise: Yes No  Counseling: Yes No  Massage, chiropractor treatment, acupuncture: Yes No  Other pain medications: Yes No |
|  |  | I will tell my healthcare provider right away if I am or become pregnant. I understand that my provider may need to change my opioid medication to keep me and my baby safe.1 |
|  |  | We have discussed the importance of targeted urine drug testing. The Patient agrees to complete a targeted urine drug test in a situation in which the provider determines testing is necessary. |
| **Provider Initials** | **Patient Initials** | **Patient Responsibilities** |
|  |  | I agree that I will use my opioid medication at a rate no greater than the prescribed rate.6 |
|  |  | I agree not to sell, lend, or in any way give my opioid medication to any other person.7 |
|  |  | I will tell my doctor about all the pills I am taking and will talk to my doctor before taking any new medication given to me by someone else. |
|  |  | I will safely dispose of unused opioid medication by returning it to a designated place suggested by my healthcare provider or pharmacist or by taking it to a special drug take back location.8  I can find a drug take back location by visiting: [bit.ly/PAdrugtake-back](https://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx) |
|  |  | I understand that the opioid medication is prescribed as follows:8  Type and name of opioid medication:  Number of pills and how often I am to take them:  How often the prescription should be refilled:  Total number of pills prescribed for each refill: |
|  |  | We talked about how my pain affects me and how opioid medications may help me function. We agree to work toward the following goals:3 |
|  |  | I understand the following prescribing policies of my healthcare provider and the conditions under which my healthcare provider may change my treatment plan or may stop prescribing opioid medication: |
|  |  | If I am to stop taking opioid medication, my healthcare provider will slowly taper me, as necessary, to avoid withdrawal symptoms. Also, a substance-dependence treatment program may be recommended.7 |
|  |  | I understand that information regarding prescriptions for controlled substances are collected by the Pennsylvania Prescription Drug Monitoring Program, and that I have the right to review and correct information on my report and may do so by visiting [www.doh.pa.gov/pdmp](http://www.doh.pa.gov/pdmp) and clicking “Patient.” |
| **Provider initials** | **Patient initials** | **Healthcare Provider Responsibilities** |
|  |  | I have assessed whether the patient has taken or is currently taking a prescription drug for treatment of substance use disorder. |
|  |  | I will listen to my patient’s stories about living with pain. I will keep their personal goals in mind when recommending treatment.3 |
|  |  | I will keep learning about how to treat pain and recognize when opioid medications are causing more harm than benefit.3 |
|  |  | I will make sure my patient has the right phone numbers for my office and the hospital.3 |
|  |  | My office and I will be available to my patient when they need help.3 |
|  |  | I will educate the patient on the importance of completing periodic pill counts and will implement this safety practice throughout treatment, as necessary. |
|  |  | In the case that I taper the patient’s opioid medication to a reduced dosage or discontinue opioid medication, I will reference the [U.S. Department of Health and Human Services Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use](https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf). |
|  |  | I will teach my patient how to take their opioid medication safely. I will have them show me to be sure they are doing it right.3 |
|  |  | I have talked to my patient about the importance of getting Naloxone medication, which can reverse an overdose that is caused by an opioid. |
|  |  | I have informed the patient that I will obtain and review a report from the Prescription Drug Monitoring Program before prescribing controlled substances. |

**Patient Questions and Answers:**

By signing below, you agree that the treatment agreement has been discussed between you and your healthcare provider, you have been provided education on the risks associated with opioid medication use, all of your questions have been answered, and you received a patient education sheet on opioid medications.9,10

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:

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

References

1. <https://mydoctor.kaiserpermanente.org/ncal/Images/PAI-%20Longterm%20Opioid%20Agreement%20Form%20-%20Fremont_tcm75-325268.pdf>
2. <https://injurycenter.umich.edu/opioid-overdose/michigan-safer-opioid-prescribing-toolkit/just-in-time-tools/tools-for-opioid-prescribing-pain-management-agreements/>
3. <https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/issues/articles/Tobin_BreakingThePainContract.pdf>
4. <https://easyread.drugabuse.gov/content/what-makes-someone-more-likely-get-addicted-drugs>
5. <https://www.cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf>
6. <http://pmp.pharmacy.state.mn.us/assets/files/PDFs/Sample%20Pain%20Management%20Contract.pdf>
7. <https://thrive.kaiserpermanente.org/care-near-you/northern-california/napasolano/wp-content/uploads/sites/8/2019/05/Opioid-Agreement-ada.pdf>
8. <https://www.health.pa.gov/topics/Documents/Programs/PDMP/4-PDMP_OpioidPrescribing-Guide_F.pdf>
9. <https://painmed.org/uploads/education/consent-for-chronic-opioid-therapy.pdf>
10. <https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_EXAMPLE%20Acute%20Opioid%20Rx%20Informed%20Consent.pdf>