

**HIM 1408s**

**PALLIATIVE CARE PROGRAM: PATIENT-PROVIDER AGREEMENT FOR OPIOID MEDICINES**

Healthcare Provider: \_\_\_\_\_

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

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

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

Palliative care providers help patients with serious illness manage symptoms from their disease or treatment. Our providers complete a detailed pain assessment and then consider effective ways to manage your pain. Your provider has decided that you are a candidate for opioid medicine because of the potential **benefits** to decrease pain and/or improve your daily functioning. However, there are several **risks** which may limit or end the prescription of opioids.

**Purpose:** The purpose of this agreement is to help patients and providers work together to increase benefits and reduce risks of opioid medicines.

**Risks:** It is important to understand the risks of taking opioids. These risks include, but are not limited to:

Common Side Effects	Effects of Taking Too Much Medicine	Other Risks
<ul style="list-style-type: none"> <li>• Constipation</li> <li>• Fatigue (Feeling Tired)</li> <li>• Nausea/Vomiting</li> <li>• Itching or Skin rash</li> <li>• Confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Respiratory depression (breathing slows or stops)</li> <li>• Loss of consciousness (fainting or passing out)</li> <li>• Sudden death</li> </ul>	<ul style="list-style-type: none"> <li>• Driving impairment</li> <li>• Addiction and abuse potential</li> <li>• Others stealing or using your medicine</li> <li>• Withdrawal symptoms when stopping medicine</li> <li>• Increased risk of death with sleep apnea or when mixing with alcohol or other drugs</li> </ul>

**Please note:**

- Your provider may limit or discontinue opioid medicines if s/he decides that there are more risks than benefits from continued use.
- Requests for early refills may be a sign of increased risks from using these medicines. Your provider may decline early refills or ask that you return to clinic for a checkup.
- Lost, misplaced, or stolen prescriptions or medicines may not be replaced and may result in discontinuation of opioid therapy.
- Your provider may ask that you bring your opioid medicines to your clinic visit to help monitor your medicine use.

**Patient commitment - You agree to:**

1. Only receive opioids from the care team with whom you have this agreement.
2. Take prescribed opioid medicines as directed. Do not change the dose or take the medicine more often than instructed without communicating with a member of your care team.
3. Report any side effects or risks that may be related to opioid medicines, and any changes in your other medicines.
4. Give urine samples for drug screens if requested by your provider.
5. Keep your opioid medicines in a safe place such as a lock box.
6. Sign an authorization for the release of your medical and mental health records to your care team.
7. Identify another person who can help monitor benefits and risks of opioid medicines over time. Your provider has permission to discuss your use of opioid medicines with [ENTER NAME/CONTACT # \_\_\_\_\_].
8. Keep appointments with your health care providers.

**Provider commitment – We agree to:**

1. Assess the benefits and risks of continuing opioid therapy and provide a personalized care plan for you.
2. Remain available between scheduled appointments (Monday-Friday 8-5 pm) for questions about your symptoms or medicines.

***My signature on this Patient-Provider Agreement shows we reviewed the Agreement in full and agree to the terms above.***

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

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

Signature of Provider: \_\_\_\_\_

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

