Patient Provider Agreement on Opioid Therapy

PURPOSE: The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you.

1. Your provider has determined that you may be a candidate for opioid therapy because of their potential **benefits** to decrease pain and/or improve function.
2. There are several **risks** which may limit or end the continued use of opioids. Risks of chronic opioid therapy include but are not limited to:

Respiratory Depression	Sweating	Low Testosterone	Hives
Risk of Death with Obstructive Sleep Apnea	Decreased Immune Function	Irregular/Absent Menstruation	Inability to Control Pain with Increasing Doses of Opioids (Tolerance)
Nausea / Vomiting	Constipation	Tremors	Altered Mental Status
Potential Harm to Unborn or Newborn Baby (if breastfeeding)	Worse Pain Over Time (Hyperalgesia)	Decreased Bone Density	Risk of Others Using/Stealing Your Drugs
Itching	Weight Gain	Withdrawals	Arrhythmia (unique opioids)
Impairment while Driving or Operating Machinery	Depressed Mood	Potential for Addiction	*Mixing with Alcohol or Other Drugs increases many of the other risks listed
Drowsiness	Seizures	Potential for Abuse	Sudden Death

3. You will allow your provider to communicate about treatment with all other medical and mental health providers.
4. You will only receive chronic opioid prescriptions from this clinic, and will inform your provider of any medication changes of any kind.
5. You are responsible for safeguarding medications. Lost, misplaced, or stolen prescriptions or medications may not be replaced and may result in discontinuation of opioid therapy.
6. You will take opioids as prescribed and not the change dose prior to discussion with provider. Early request for refills may not be permited and is a sign of higher risk of problems.
7. We have identified another person (family, friend, caregiver) who can help monitor benefits and risks over time. Your provider has your permission to discuss this aspect of medical care with:

NAME OF THIRD PARTY:

8. We may do routine drug screening to ensure safe use of the medication. Higher dose and high-risk behavior (drinking alcohol, using other drugs, early refill requests, failing to submit or tampering with urine) may result in more frequent testing.
9. We may invite you to come in for more frequent clinic visits and/or to count pills. Failure to bring in the appropriate number of pills may demonstrate that the risk of continuing chronic opioid therapy is high.
10. We will continually evaluate the benefit/risk ratio of opioid therapy.
11. The provider may decide that if risks outweigh benefits at any time, opioid therapy will be discontinued.

Your provider may have additional information on unique situations where opioid therapy will be used.

SIGNATURE OF PATIENT	DATE / /	SIGNATURE OF PROVIDER	DATE / /

University of California
San Francisco

PATIENT LABEL

Version 1.0. Approved by UCSF Pain Committee, June 2015. Approved by UCSF P&T Committee, October 2015.

1) Place patient label at the bottom of this document. 2) In Apex, under Problem List, state that the patient has an Opioid Agreement. 3) Scan this document with signatures and label into Scanned Clinical Documents.