

## Informed Consent and Agreement for Opioid Therapy of Pain

### Reason for Review and Signing of this Document

Pain relief is an important goal for your care. Opioid medications may be a helpful part of chronic pain treatment for some people; however, misuse of opioid medications may result in serious harm to patients prescribed them and, when the medications are diverted, to the public at large. As opioid use for pain management has increased in recent years, injury, addiction, and death due to misuse of opioids have also increased.

Patients and health care providers both have responsibilities for the safe use of opioid medications when they are prescribed for pain. This agreement provides important information on the potential benefits and risks of opioid medications and serves to document that both you and your provider agree on a care plan so that opioid medications are used in a way that is safe and effective in treating your pain. This agreement is reviewed and signed by all patients in our practice who receive opioids for chronic pain.

### Expected Benefits or Goals of Opioid Treatment

Common goals in using opioids to treat pain include:

- Improved pain
- Improved ability to engage in work, social, recreational and/or physical activities
- Improved quality of life

Your provider may discuss more specific goals for pain treatment with you as well. Goals:

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### Potential Risks or Side Effects of Opioid Treatment

- **Physical side effects** - May include mood changes, drowsiness, nausea, constipation, urination difficulties, depressed breathing, itching, bone thinning and sexual difficulties, such as lowering of male hormone in men and cessation of menstrual periods in women.
- **Physical dependence** - Sudden stopping of an opioid may lead to withdrawal symptoms including abdominal cramping, pain, diarrhea, sweating, anxiety, irritability and aching.
- **Tolerance** – A dose of an opioid may become less effective overtime even though there is no change in your physical condition. If this happens repeatedly, your medication may need to be changed or discontinued.
- **Addiction** – Is more common in people with personal or family history of addiction, but can occur in anyone. It is suggested by drug craving, loss of control and poor outcomes of use.
- **Hyperalgesia**- Increased sensitivity to and/or increasing experience of pain caused by the use of opioids may require change or discontinuation of medication.
- **Overdose** – Taking more than the prescribed amount of medication or using with alcohol or other drugs can cause you to stop breathing resulting in coma, brain damage, or even death.
- **Sleep apnea** (*periods of not breathing while asleep*)- *may be caused or worsened by opioids.*
- **Risk to unborn child** –Risks to unborn children may include: physical dependence at birth, possible alterations in pain perception, possible increased risk for development of addiction, among others. *Tell your provider* if you are or intend to become pregnant.
- **Victimization** – There is a risk that you or your household may be subject to theft, deceit, assault or abuse by persons seeking to obtain your medications for purposes of misuse.
- **Life-threatening irregular heartbeat** – Can occur with methadone, EKG may be needed.

## Responsibilities in Opioid Therapy of Chronic Pain

**Your provider's responsibilities include:** listening carefully to your concerns, treating you with care and with due respect, and making clinical decisions based on what he/she believes is in your best interest.

**Your responsibilities:** In order to maximize the potential benefits of opioid medications and to minimize the potential risks, it is important that you accept the following responsibilities. In signing this agreement, **you agree to:**

1. **Use your opioid medications as prescribed** for the purpose of relieving pain
2. **Keep your medications locked up** to avoid intentional or unintentional use or diversion by others. **Discard** all unused medications.
3. **Be honest** with your providers about your medication or other drug use.
4. **Use no illegal drugs and not abuse alcohol** while being prescribed opioids.
5. **Not share, sell, trade or in any way provide your medications to others.**
6. **Receive opioid medications from this practice only.** If opioids are prescribed unexpectedly by another office (for example due to an accident or dental procedure), inform this office within 24 hours.
7. **Fill your opioid medications at one pharmacy only.** Inform this practice within 24 hours if you must use a pharmacy different from your usual one.
8. **Have urine drugs tests on a random basis and as requested by your provider.** (Opioid may be discontinued if illicit drugs found or medication not present when should be.)
9. **Bring your opioid medications** to the practice when requested.
10. **Participate in other pain treatments** agreed to with your provider and **keep all appointments** scheduled for your care.
11. **Permit this practice to communicate with other care providers and/or your significant others** as needed to assure opioids are being used appropriately and are beneficial to your health and well-being

Your medications may be continued if they improve your pain, help you engage in valued activities, and/or enhance your quality of life and if you adhere to the above responsibilities. They may be discontinued if your goals for treatment are not met, if you experience negative effects from using them, or if you do not adhere to this agreement.

If you develop complications of opioid use, such as addiction, we will assist you in finding treatment. Please be aware, however, that our practice cooperates fully with law enforcement, the US Drug Enforcement Agency and other agencies in the investigation of opioid-related crimes including sharing, selling, trading or other potential harmful use of these powerful medications.

### **Consent to treatment and agreement to responsibilities outlined above**

I have reviewed this document and been given the opportunity to have any questions answered. I understand the possible benefits and risks of opioid medications and I accept the responsibilities described above.

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Patient

Date

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Healthcare Staff

Date