UCSF University of California San Francisco

# 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 permitted 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.
10. 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*

Patient Label

Version 1.0. Authored by Dr. Scott Steiger, Dr. Mario Depinto, Dr. Lawrence Poree, Kathleen Puntillo RN, PhD, Dr. Ramana Naidu. (April 2015) Approved by UCSF Pain Committee, June 17, 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.