

# Opioid Medication Agreement

## The Permanente Medical Group, Northern California

Opioid medication(s) has been prescribed for you as part of your pain management therapy. Your partnership is necessary for this treatment and to reduce the risks associated with the use of opioid medications.

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

MRN: \_\_\_\_\_

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

Doctor: \_\_\_\_\_

### The goal of this Opioid Medication Agreement (“Agreement”) is to:

- Facilitate an open conversation between you and your doctor regarding the risks and benefits of opioid medications, as well as alternative pain therapy options.
- Outline your doctor and health care team’s responsibilities, including compliance with all laws and government requirements regarding the prescribing of opioid medication.
- Outline your responsibilities, including compliance with all laws and government requirements regarding the safe and responsible use of opioid medication.

**Please note that all components of this Agreement also will apply to the use—both now and in the future—of other medications and substances (including alcohol) that may affect your health and safety when used along with opioid medications.**

### Your Kaiser Permanente doctor/health care team’s responsibilities are to:

- Discuss with you the risks, benefits, and side effects of including opioid medication in your treatment plan.
- Discuss with you alternate treatment options to manage your pain and improve your ability to function.
- Ask you to come in for regular checkups and tests to evaluate how well opioid medication is working for you. If the medication no longer helps you improve your function or manage your pain, or the side effects become unmanageable, then your doctor may change the treatment plan. Your health care team will work with you to find alternative therapies if you need to reduce (taper) opioid therapy or stop it altogether.
- Follow state and federal laws regarding the prescribing of controlled substances such as opioids. Comply with state and federal laws that seek to prevent sharing, selling, trading, or other harmful or illegal uses of these medications.
- Request that you complete regular drug screening tests to help promote your safety and avoid potentially dangerous drug interactions.
- Refer you to chemical dependency counseling (or substance abuse treatment) or stop opioid therapy if test results and clinical evaluation indicate you may be misusing (abusing) or impermissibly sharing the opioid medication.

### Your responsibilities are to:

- Ask your doctor/health care team any questions you have about (a) the risks and side effects associated with the use of opioid medication, and (b) the potential pain management benefits associated with the use of opioid medication.
- Tell your doctor/health care team immediately whenever other health care providers or dentists have prescribed pain medications for you. Inform your doctor about all the medications, vitamins, and dietary supplements you take.
- Notify your doctor/health care team if you use cannabis (marijuana) for a medical purpose.
- Use your opioid medication only as prescribed and directed. Do not break, chew, crush, dissolve, or inject your medicine. Do not take more medication than your doctor/health care team advises you to take.

- Immediately inform your doctor/health care team if you are pregnant or intend to get pregnant. Your doctor and health care team may need to change your treatment plan for pregnancy.
- Fill or refill your prescriptions for your opioid medication(s) only at Kaiser Permanente pharmacies, or indicate below the non-Kaiser Permanente pharmacy you intend to use:

**Pharmacy:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

- Request refills only from the physician who prescribed your opioid medication(s). Your doctor/health care team will be able to check the California controlled substance prescribing database (known as the “CURES” database) to identify if you get opioid and other controlled substance prescriptions from other health care providers, dentists, or pharmacies.

**Name of physician or their covering clinician:** \_\_\_\_\_

- Understand that opioid medication lost or destroyed usually will not be replaced. Your doctor may ask you for a police report before replacing your medication if it was stolen.
- Complete all urine or blood screening drug tests requested by your health care team. At times, you might be asked to bring in your opioid medications, in their original bottles or containers, for counting. To help keep you safe, we provide this care and monitoring to everyone on long-term trials of opioid therapy. We want to make sure you are taking the right amount of the prescribed medication.
- Not use street or illegal drugs, including but not limited to heroin, cocaine, methamphetamine, etc., or any other substances that your doctor tells you shouldn’t be used with opioids such as kratom.
- Not sell, share, trade or in any way give your opioid medication(s) to others. You also agree not to buy, borrow, take, or otherwise accept opioids from family members, friends, or others.
- Stay safe by not drinking alcohol while taking opioid medication. You also agree not to drive or operate machinery when taking opioid medication until your doctor and you are sure you can do so safely.
- If you work in a safety-sensitive job, comply with all applicable requirements to report use of opioid medication to your employer and/or applicable regulatory authority.
- Keep your opioid medication stored or locked in a safe, secure place. This can help prevent possible theft. It helps keep children and pets safe as well.
- Safely dispose of your unused opioid medication by returning it to a designated place suggested by the Pharmacy Department or by taking it to special waste disposal centers in your city or county.
- Inform your health care team if you are no longer a Kaiser Permanente member.

**Patient statement:**

I understand the use of opioid medication is a test or a trial. My provider may stop prescribing this medication for me if I do not meet the requirements of this Agreement or if any one of the following events occur:

- My doctor believes that the risks and harms of opioid use outweigh the benefits they provide.
- I have received or attempted to get opioid medication(s) from other doctors or dentists and did not tell my doctor right away.
- I have major side effects that cannot be adequately managed or show signs of overdose and/or addiction.
- Opioid medication(s) no longer improve my function or quality of life, or control my pain; or they make the pain worse for me.

- I need a higher dose of opioid medication(s) to get the same level of pain control (also known as a “tolerance” to opioids).
- I do not follow my doctor’s instructions for taking the opioid medication(s) (such as taking extra doses without my doctor’s approval). I understand that refills may not be filled early.
- There is concern that I am misusing my opioid medication(s) (such as frequently requesting increases in doses or quantities, or seeking early renewals of prescriptions).
- I trade, sell, share, or otherwise misuse opioid medication(s).
- I often miss, am late for, and/or fail to reschedule appointments.
- I fail to follow my doctor’s advice and/or I do not follow the other therapies my doctor has recommended to me as part of my care plan.
- I act in a way that is threatening to staff or other patients. I understand my doctor may report my actions to a local law enforcement agency.

I have read and talked to my doctor about this Agreement. I understand it, and I was given an opportunity to ask questions about the risks and benefits of opioid therapy. We also discussed alternative pain therapy options. I was satisfied with the answers my doctor provided me.

I acknowledge that my doctor may share this Agreement and any unexpected findings about my health and use of opioids with legal authorities, regulatory agencies, and other Kaiser Permanente health care providers, including pharmacists, Addiction Medicine & Recovery Services providers, and Mental Health Services providers for better coordination of my treatment.

**By my signature below, I agree to my responsibilities as outlined in this Agreement and I consent to the treatment of my pain with opioid medications.**

Patient’s Signature: \_\_\_\_\_

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

Clinician’s Signature: \_\_\_\_\_

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

This information is not intended to diagnose or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

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