

## **Pinellas Pain and Palliative Care Informed Consent and Agreement for Opioid Therapy of Pain**

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. As opioid use for pain management has increased in recent years, injury, addiction, and death due to misuse of opioids have also increased. 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

### **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

### **The Dangers of Opioid Addiction/Potential Risks or Side Effects of Opioids**

- **Physical side effects:** May include mood changes, confusion, hallucinations, drowsiness, nausea, constipation, urination difficulties, an increased risk of falls, depressed breathing, itching, bone thinning and sexual difficulties, such as lowering of male hormone in men and cessation of menstrual periods in women. May impair your ability to drive safely.
- **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:** A condition marked by a change in behavior leading to an inability to control the use of the prescribed opioid medication regardless of the harm it may cause you or others. It is more common in people with personal or family history of addiction, but can occur in anyone.
- **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 if patient is pregnant:** If you take these meds during your pregnancy your baby may be born dependent on them and go through withdrawal right after birth. May also be associated with birth defects 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.

### **In signing this agreement, you agree to:**

1. **Use your opioid medications only as prescribed** and only for the purpose of relieving pain.
2. **Keep your medications locked up** to avoid intentional or unintentional use or diversion by others. Lost or stolen meds will NOT be replaced. A police report may be required for lost or stolen medications. 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. **Have urine drugs tests on a random basis and as requested by your provider.** (Opioid may be discontinued if illicit drugs found or medication is not present when should be.)
6. **Do not share, sell, trade or in any way provide your medications to others.** The delivery of a controlled substance is a felony under Florida law.
7. **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.
8. **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.
9. **Bring your opioid medications** in their original bottles to the practice when requested.
10. **Participate in other pain treatments** agreed to with your provider and **keep all appointments**
11. **Permit this practice to communicate with other care providers** as needed to assure opioids are being used appropriately and are beneficial to your health and well-being.
12. **Call for refills only during regular office hours.** No refills will be done between visits
13. Do not drive a motor vehicle or operate machinery that could put your life or someone else's life in danger. Do not drink alcohol/use any medications which could amplify the effects of opioid medications.
14. **Properly dispose of an expired, unused or unwanted controlled substance.** You may bring controlled substances to the Fire Department for disposal. You may bring pills prescribed by us to our office for safe disposal. If there are no specific disposal instructions on the label, such as flushing as described below, you can also follow these simple steps to dispose of most medicines in the household trash:
  - Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds

Your medications will be continued only 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. Any attempt to forge, alter, or tamper with a prescription could result in our contacting the appropriate agency.

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 above.

I have read and understand the notice of privacy practices provided to me.

I have received and reviewed the information on nonopioid treatments of pain with Dr Williams.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff/Doctor: \_\_\_\_\_ Date: \_\_\_\_\_