

## Mount Sinai Academic Family Health Team- Opioid Treatment Agreement

The Mount Sinai Academic Family Health Team follows guidelines for safe medication use. Opioid medication may be used with other approaches to help reduce the severity of certain types of pain so that daily activities can be carried out. Opioids, however, may be associated with risks to patients as well as the public. Misuse of opioids can lead to serious harm, including death. To ensure safe and effective use, patients taking opioids on an ongoing basis will be asked to sign a treatment agreement with their primary care provider (PCP).

1. I, patName , agree that **only** \_\_\_\_\_ will prescribe opioid pain medication for me. If my PCP changes, I will be asked to sign this agreement again.
2. I agree to attend all my appointments so that my PCP can assess and manage my pain, level of function, and any opioid-related side effects.
3. I agree to take my opioid medication as prescribed by my PCP. I will not take more than the prescribed amount. I understand that increasing opioid doses may increase the risk of harmful effects such as constipation, falls, car accidents, reduced breathing function, overdose and death.
4. If my pain worsens, it is my responsibility to schedule an appointment with my PCP. If I am unable to get an appointment with my PCP in a reasonable time frame, I may be scheduled with a covering PCP as an exception. Medications will not be adjusted over the phone.
5. I understand that prescription refills are typically given at scheduled appointments with my PCP. Prescription refills will not routinely be released earlier than when due.
6. I will not give or sell my opioid medication to anyone else. I will not take any opioid medication from anyone else. If I do get an opioid from anyone else (e.g. in an emergency situation), then I must inform my PCP as soon as possible.
7. I agree to receive my opioid medication from only the pharmacy listed below. I will inform my PCP if I choose to change pharmacies.
8. I agree to store my opioid medications in a secure way (e.g. a locked box) to prevent the loss, theft or misuse of it. Replacement prescriptions are not routinely given.
9. I agree to discuss openly with my PCP all prescription and non-prescription medications, supplements and substances that I am using. I understand that use of certain combinations of drugs and substances (e.g. alcohol, marijuana, sleeping pills) may be dangerous and increase the risk of accidental overdose and death. I agree to bring in all of my medications and supplements at my PCP's request.
10. I understand that naloxone is available to me, free, at pharmacies, and this is an antidote that may prevent death from accidental overdoses from opioids.
11. I agree to provide urine samples at my PCP's request. I understand that urine samples will be required periodically to check the risk of harmful side effects and drug interactions from opioids and other substances.

12. I agree to inform all other health care providers involved in my care that I am being prescribed opioid medication by my PCP. I agree that my PCP may speak openly with all health care providers who are involved in my medical care, and that other health care providers involved in my care may speak openly with my PCP.

13. I understand that my PCP may access information about opioid medications dispensed to me through Ontario's Narcotic Monitoring System (NMS) to help ensure opioids are dispensed to me appropriately.

14. I understand that using long-term opioids may result in the development of a physical dependence on opioids, and that sudden decreases or discontinuation of the medication will lead to the symptoms of opioid withdrawal. I understand that opioid withdrawal is uncomfortable but not life threatening.

15. I understand that there is a risk that I may become addicted to opioids that I am being prescribed. I agree to complete tests and/or see a specialist in addiction medicine, as recommended by my PCP, should a concern about addiction arise.

**16. I agree to follow all the above statements in this agreement. I understand that any deviation from the above agreement may put my health at risk and may lead to harm, and that my PCP may reassess my opioid medication. My PCP may need to taper off my opioid medication and/or stop prescribing opioids, and suggest other approaches to help manage my pain, if the risks of opioids outweigh the benefits.**

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_  
currentDate.yyyymmdd

PCP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
currentDate.yyyymmdd

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

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

**References:**

1. 2017 Canadian Guidelines for Opioids For Chronic Pain  
(<http://nationalpaincentre.mcmaster.ca/guidelines.html>)

2. College of Physicians and Surgeons of Ontario. Policy on Prescribing Drugs. Sept 2017  
(<http://www.cpso.on.ca/Policies-Publications/Policy/Prescribing-Drugs>)

Approved by: Mount Sinai Academic Family Health Team, Patient Care Committee  
Date: October 11, 2017