

Voluntary Non-opioid Directive

Patient's Last Name		Patient's First Name	Patient's Middle Name or Initial
Date of Birth (MM/DD/YYYY)		Street or Residential Address	
City		State	Zip Code
Last Name of Guardian or Health Care Agent (If Applicable)	First Name of Guardian or Health Care Agent		Middle Name or Initial

Patient /Guardian/Health Care Agent Statement (Signature and date required)

I (patient / guardian / health care agent) certify that I am refusing at my own insistence the offer or administration of any opioid medications including in an emergency situation where I am unable to speak for myself. I understand the risks and benefits of my refusal, and hereby release the health care provider(s) or emergency medical service, its administration and personnel, from any responsibility for all consequences, which may result by my abstinence under these circumstances. I further certify my understanding that I may effectively revoke this certification at any time orally or in writing.

I hereby direct that health care provider(s), medical practitioners, their administration, and personnel comply with this Voluntary Non-opioid Directive.

<input type="text"/>	<input type="text"/>
Signature of Patient /Guardian/Health Care Agent	Date (MM/DD/YYYY)

I am a health care practitioner for the above named patient. I verify that the above named patient has a current and valid Voluntary Non-opioid Directive issued on

Date (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>
Signature of Health Care Practitioner	Printed Name of Health Care Practitioner
<input type="text"/>	<input type="text"/>
Effective Date (MM/DD/YYYY)	Telephone Number of Health Care Practitioner
<input type="text"/>	
Address of Health Care Practitioner	

Voluntary Non-opioid Directive Information Sheet

Benefits of this form:

- It helps prescribers and patients begin a dialogue of substance use history.
- It may prevent inadvertently offering certain controlled substances to those who could be adversely affected.
- It allows for a patient to proactively inform their physician that they do not wish to receive opioids for any reason.

Considerations for the prescribing physician/provider:

- This form does not take the place of a detailed biopsychosocial history.
- While this form is designed specifically for opioids, due to the risk of cross addiction, it is important to use caution when prescribing any other substances with a risk of misuse, such as stimulants, benzodiazepines, or other medications that the FDA has identified with risk of substance use disorder (SUD).
- Consider ways to communicate this patient request in your work setting, for example, notation on the hospitalization wristband, notes in the allergy section of the medical record, etc.
- This document is confidential and must comply with HIPAA.

Considerations for the patient:

- If you are in an emergency situation, a physician may override this directive.
- This form does not take the place of ongoing collaboration with your health care provider, including at times of relapse risk.
- If you choose to withdraw this directive, carefully review this decision with your prescribing physician, loved ones and others in your recovery network.

Considerations for the pharmacist:

- A prescription presented to a pharmacy is to be presumed valid, and a pharmacist will not be subject to discipline by the pharmacist's professional licensing board or held liable for dispensing a controlled substance in contradiction to a Voluntary Non-opioid Directive.

Executing, submitting, and revoking a Voluntary Non-opioid Directive:

- *Executing:* An individual who is 18 years of age or older or an emancipated minor, a parent or legal guardian of a minor, or an individual's guardian or other person appointed by the individual or a court to manage the individual's health care may execute a voluntary non-opioid directive stating that an opioid may not be administered or prescribed to the individual or the minor.
- *Submitting:* The patient and physician should complete and sign this form. The signed original form should be kept in the patient's medical record. A signed copy should be provided to the patient.
- *Revoking:* An individual may revoke a Voluntary non-opioid Directive at any time, in writing or orally. An individual's parent or legal guardian of a minor, or an individual's guardian or other person appointed by the individual or a court to manage the individual's health care may revoke a Voluntary Non-opioid Directive on behalf of the individual.