

NON-OPIOID DIRECTIVE OR REVOCATION [patterned after MA]

Oregon Health Authority

Reference to ORS 127.690; OAR 333.271; Form effective ____

SECTION 1: MUST BE INCLUDED IN PATIENT'S MEDICAL RECORD. Do not return form to insurer or Oregon Health Authority. Submit form to a health professional to include in patient's medical record

Patient name

Click or tap here to enter text.

Date of birth

Click or tap here to enter text.

Other names used by patient

Click or tap here to enter text.

Preferred written and spoken languages for patient

Click or tap here to enter text.

Emergency contact

Click or tap here to enter text.

Name of primary health care provider

Click or tap here to enter text.

If this is being performed by a health care representative or advocate, check and add name.

Click or tap here to enter text.

SECTION 2: Patient/ Health Care Representative Statement

I _____ (check ☐ patient, ☐ guardian, ☐ health care representative or advocate)

certify that I am executing a non-opioid directive form to refuse, at my own insistence, the administration of an opioid or being offered a prescription of an opioid. This may result in unrelieved or breakthrough pain that would otherwise be adequately managed with the use of an opioid.

I acknowledge that opioids may be administered or prescribed despite the directive in the following situations:

- Opioids used for substance use disorder treatment
- If I am receiving hospice services
- Or if I am treated at a hospital, or if in the case of an emergency, in a setting outside of a hospital, when in the prescriber's professional opinion, the administration of the opioid is medically necessary for treatment.

SECTION 3: Signatures

Signature of patient, or, if the patient is a minor, parent/ guardian.

Click or tap here to enter text.

Date

Click or tap to enter a date.

Printed name of patient

Click or tap here to enter text.

Date

Click or tap to enter a date.

Signature of patient's health care representative or advocate, if applicable.

(Optional)

Click or tap here to enter text.

Date

Click or tap to enter a date.

Printed name of patient's health care representative or advocate, if the health care representative has signed on behalf of the patient

Click or tap here to enter text.

Date

Click or tap to enter a date.

About Oregon's Non-Opioid Directive

Benefits of this form:

- A non-opioid directive allows individuals to inform their health care provider that they wish to avoid opioids in their medical treatment.
 - This may prevent offering opioids to individuals concerned about adverse effects or who prefer alternative pain management strategies.
 - This form helps health care providers and facilities have a dialogue about considerations for pain management and substance use history.
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Considerations for the health care provider

- This form may be considered a communication aide.
 - A provider who receives this form shall make this form part of the individual's medical record.
 - A health care provider is not subject to civil or criminal liability or professional disciplinary action for the inadvertent administration of an opioid to an individual with a nonopioid directive if the act was done in good faith.
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Considerations for the individual

- This form does not take the place of ongoing communication with health care providers. Health care providers may not have access to your non-opioid directive form.
 - It is unlawful for a health care provider to require this directive as a condition to receive health care services
 - This directive may not be followed if in a health care provider's professional opinion, the administration of the opioid is medically necessary for treatment. This may happen in the following settings or types of treatment:
 - substance use disorder treatment;
 - outside the hospital in an emergency;
 - a surgical or intraoperative setting; or
 - while receiving hospice services or within a skilled nursing facility.
 - If an individual has a health care advocate (as defined in ORS 127.765) or a health care representative (as defined in OR 127.505), they can complete this on the individual's behalf.
 - Following this nonopioid directive may result in the individual experiencing unrelieved or breakthrough pain that would otherwise be managed with the use of an opioid.
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Revoking or undoing this form

A non-opioid directive can be revoked by the patient, their health care representative or health care advocate at any point by completing and submitting the following section of this form or other statement in writing to the individual's health care provider. A health care representative or health care advocate can only revoke a form if they initially completed the non-opioid directive for that individual.

SECTION 4: Undoing your non-opioid directive. Fill out **only** if the patient chooses to revoke a filed non-opioid directive

I _____ (check ☐ patient, ☐ guardian, ☐ health care representative)

certify that _____ (insert name) am revoking my non-opioid directive form to allow the administration or prescription of an opioid. I request that my health care provider removes my non-opioid directive.

Checking the following box identifies this form as a revocation. ☐

Signature of patient Click or tap here to enter text.	Date Click or tap to enter a date.
Printed name of patient Click or tap here to enter text.	Date Click or tap to enter a date.
Signature of patient's health care representative or advocate, if applicable (Optional) Click or tap here to enter text.	Date Click or tap to enter a date.
Printed name of patient's health care representative or advocate, if the health care representative has signed on behalf of the patient Click or tap here to enter text.	Date Click or tap to enter a date.
