

How to decline opioid prescriptions for medical treatment

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Monitoring opioid use

The State of Michigan, has been greatly affected by the national opioid epidemic. The number of annual opioid-related overdose deaths in the state has more than tripled since 2011. To address the crisis, the state developed a form to help you decline opioids as part of your medical treatment.

We're complying with this requirement by providing a copy of the authorized form on the reverse side of this page. Fill it out and turn it in to your primary care provider.* Once submitted, the directive will be included in your medical records. It will direct all health professionals to not administer opioids – unless deemed medically necessary for treatment.

*The form can be filled out by the patient or a person's legal guardian or patient advocate.

MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD

Patient name	Date of birth
Other names used by patient	Preferred language of patient
Emergency contact	Name of primary care provider
Drug allergies	
<p>The patient above must not be administered an opioid or offered a prescription for an opioid while this directive is in effect.</p> <ul style="list-style-type: none"> • An individual who has executed a nonopioid directive on their own behalf may revoke the directive at any time and in any way they are able to communicate their intent to revoke the form. • A guardian or patient's advocate can revoke at any time by issuing a revocation in writing and providing notice of the revocation to the individual's health professional or their delegate. • The directive does not apply to: <ul style="list-style-type: none"> • A patient receiving opioids for substance use disorder treatment; • A patient who is in hospice; • A patient is being treated at a hospital, or in a setting outside of a hospital in the case of an emergency, and, in the prescriber's professional opinion, the administration of the opioid is medically necessary to treat the individual. 	
Signature of patient, or if the patient is a minor, parent	Date
Printed name of patient	Date
Signature of guardian or patient's advocate, if applicable	Date
Printed name of parent/guardian/patient's advocate, if applicable	Date
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