

Voluntary Non-Opioid Directive Form

Louisiana Department of Health – Office of Behavioral Health

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|----------------------------|----------------------|----------------|
| Patient's Last Name | Patient's First Name | Middle Initial |
| Date of Birth (MM/DD/YYYY) | | |

| | | |
|-------------------------------|-------|----------|
| Street or Residential Address | | |
| City | State | Zip Code |

| | | |
|-----------------------------------------------------------|--------------------------------------------|----------------|
| Last Name of Guardian or Healthcare Agent (if applicable) | First Name of Guardian or Healthcare Agent | Middle Initial |
|-----------------------------------------------------------|--------------------------------------------|----------------|

PATIENT/GUARDIAN/HEALTHCARE REPRESENTATIVE STATEMENT (Signature & Date Required)

I _____ (patient guardian healthcare representative) certify that I am refusing at my own insistence the offer or administration of any opioid medications. I understand the risks and benefits of my refusal, and hereby release the health care provider(s), 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, for any reason.

I hereby direct that health care provider(s), medical practitioners, their administration, and personnel comply with the Louisiana Department of Health's Voluntary Non-Opioid Directive as authorized by Louisiana Revised Statutes of 1950, comprised of R.S. 40:1156.1.

| | | |
|-------------------------------------------------------------|-----------------------------------|------|
| Health Care Practitioner (or Attending Physician) Last Name | Practitioner/Physician First Name | Date |
| Signature | | |

**The signed original form should be kept in the patient's medical record,
and a signed copy should be provided to the patient.**

Louisiana Non-Opioid Directive Information Sheet

Benefits of this form:

- It helps prescribers and patients have a dialogue of substance use history, if applicable.
- 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:

- This form may be considered as a communication aide, similar to identification of a patient allergy.
- 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 SUD.

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.
- No person acting in good faith as a duly authorized guardian or healthcare representative shall be liable for damages in a civil action or subject to criminal prosecution for revoking or overriding a voluntary non-opioid directive form.

Considerations for the pharmacist:

- An electronically transmitted prescription to a pharmacy is to be presumed valid, and a pharmacist will not be held in violation of this directive for dispensing a controlled substance in contradiction to a voluntary non-opioid form.

No prescribing practitioner who has signed and executed a non-opioid directive form with a patient, acting with reasonable care, shall be liable for damages in a civil action or subject to criminal prosecution or be deemed to have violated the standard of care for refusing to issue a prescription for an opioid.