

Declining Opioid Agonist Therapy

By signing this consent form, I confirm that I understand and agree with the following statements:

- I understand that, according to current medical evidence, the safest and greatest chance of recovery from opioid use disorder can be achieved by starting opioid agonist treatment (OAT) with buprenorphine/naloxone, methadone, or slow-release oral morphine.
- I understand that, if I choose to proceed with withdrawal management (also known as detox) and decline OAT, I have greater risk of the following:
 - Relapse (returning to opioid use)
 - Overdose (which can cause severe harm including brain damage, coma, and death) due to decreased tolerance to opioids
- I understand that withdrawal management without OAT is not advised.
- I have been given sufficient time and opportunity to ask questions about the information above and have received satisfactory clarification and advice.
- I fully release and discharge _____ employees, and my personal healthcare providers from any responsibility or liability for any losses, damages, or injuries I may suffer as a result of my decision not to start OAT.

CONFIRMATION

- I decline OAT at this time.
- I understand that I can ask for medical consultation to reconsider OAT at any time throughout my stay.

Client name: _____

Client signature

Date

Witness signature

Date