

Consent to Obtain and Destroy Opioid Agonist Treatment (OAT) Carry Doses

When a patient enrolled in a Opioid Agonist Treatment Program is admitted to a Health PEI facility, the facility staff must ensure the safety of the patient and the community with respect to the OAT doses being available to the public. Therefore, the hospital staff requests that if you have not already done so, that you arrange to have all of your remaining carry doses taken to the Health PEI facility to which you are admitted. While in the facility, your OAT will be provided by the facility. Your carry doses and lock box will be stored, and upon discharge, if appropriate, and if the dose has not changed they will returned to you less the number of doses you received while in the facility.

I, _____, hereby give consent to _____
(Print full name) (Name of Facility)

to obtain all OAT carry doses that have been brought to the hospital by myself or by someone else on my behalf. I also give consent to the facility pharmacy to destroy any carry doses no longer required in accordance with the Controlled Drugs and Substances Act.

Number of carry doses given to hospital staff: _____ Lock box given to hospital staff: Yes No

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Number of carry doses received for storage by hospital pharmacy: _____ Lock box obtained: Yes No

Received by: _____ Date: _____

Number of doses dispensed by hospital: _____

Dates Provided (if greater than 1 week, may specify date range): _____

Number of carry doses returned to patient: _____ Lock box returned to patient: Yes No

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

***** Ensure lock box is returned to patient upon discharge*****