

# Opioid Use Surveillance Agreement

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

Dear [Recipient's Name],

This letter serves as a formal agreement regarding the surveillance and monitoring of opioid usage within our facility. The purpose of this agreement is to ensure compliance with applicable regulations and to promote patient safety.

## 1. Purpose

The primary objective of this surveillance is to collect, analyze, and review data related to opioid prescriptions and usage by patients.

## 2. Responsibilities

Both parties agree to collaborate in the following areas:

- Data collection methods
- Reporting procedures
- Confidentiality measures
- Compliance with legal standards

## 3. Duration

This agreement shall commence on [Start Date] and shall remain in effect until [End Date].

## 4. Termination

Either party may terminate this agreement with written notice at least [Notice Period] days in advance.

We appreciate your cooperation in this critical initiative to ensure the safety and well-being of our patients.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]