



OARRS Acceptable Use Policy
Data Security Agreement

BWC Managed Care Organization Medical Director

The State of Ohio Board of Pharmacy will provide prescription data from the Ohio Automated Rx Reporting System (OARRS) to the _____ ("Organization") as authorized by O.R.C. 4729.80. The data may be used by the Organization as a tool for evaluating a recipient's prescription history.

A Medical Director of the Organization is authorized to request an Rx History Report (Report) ONLY on a recipient pursuant to O.R.C. 4729.80(A)(10).

Every Medical Director must have his or her own username and password for the purposes of evaluating a recipient's prescription history pursuant to O.R.C. 4729.80(A)(10).

The Medical Director is responsible for every OARRS Report requested, and the use of such report.

By using the OARRS program, I agree to the following terms.

1. I will not share my username and password with anyone else. I will not use anyone else's username and password to access the OARRS system. To do so is a violation of O.R.C. 4729.86 and may carry criminal penalties.
2. I will certify that the individual whose Report is requested is a current recipient of medical benefits paid for by the Bureau of Workers' Compensation (BWC).
3. I will not use OARRS to obtain information related to any person who is not a recipient of a program of medical benefits that is administered by the BWC.
4. I will not provide the OARRS Report or a copy of the Report to anyone not directly charged with the Organization's evaluation of this recipient's prescription history. This includes the individual recipient named on the Report, a pharmacist who is treating the recipient, a prescriber who is treating the recipient, or a law enforcement officer who is investigating or may investigate the recipient. I understand that the information in the system or obtained from the system is confidential Protected Health Information.
5. I will not use an OARRS Report in any civil or administrative proceeding. O.R.C. 4729.86(B)



6. I will not ask a pharmacist who is treating the recipient, a prescriber who is treating the recipient, or a law enforcement officer who is investigating or may investigate the recipient for a copy of their Report. To do so is a violation of O.R.C. 4729.86 and may carry criminal penalties.
7. I will not use OARRS to determine initial eligibility for any program administered by the Organization.
8. I understand misuse of the OARRS system or any violation of this agreement may result in termination of my OARRS account, criminal and/or civil penalties pursuant to O.R.C. 4729.86, and/or a referral of a complaint to the State Medical Board of Ohio.

Signature/Medical Director

Date

Printed Name

E-mail Address

State License Number

Phone Number

Security Word

Upon receipt of your completed data security agreement, an e-mail will be sent with your username. After receiving your username, you may call the OARRS department at 614-466-4143 option 1 to retrieve your password. You will be required to know your security word.