



OARRS Acceptable Use Policy **Prescriber's Delegate**

The Ohio Automated Rx Reporting System (OARRS) is designed to provide patient specific prescription data to individuals authorized by ORC 4729.80. **By using the OARRS program as a delegate, I agree to the following terms:**

1. I understand that a prescriber is authorized to request an Rx History Report (Report) on an individual only if:
 - a. The request is for the purpose of providing medical treatment and
 - b. The prescriber has a current prescriber-patient relationship with the individual named in the request.
2. As a Prescriber's Delegate, I am employed or supervised by a prescriber. The prescriber may authorize me to register with OARRS and obtain my own user name and password. Then, prescriber may direct me to obtain an OARRS Report, using my own User Name and Password. I understand that each prescriber's delegate must have his or her own account. If I change jobs, either my supervising prescriber or I will notify OARRS.
3. I will not use anyone else's User Name and Password to access OARRS. I will not share my password with others. To do so, is a violation of O.R.C. 4729.86 and may carry criminal penalties.
4. I understand that a prescriber's delegate is a person who is registered with OARRS as a prescriber's delegate and has been specifically authorized by the prescriber to request an OARRS Report on his/her behalf. For security reasons, a prescriber may not allow anyone else to use the prescriber's User Name and Password (credentials). The prescriber is responsible for every Report requested using the prescriber's credentials or the credentials of his/her prescriber's delegate(s).
5. I will not use the OARRS system unless directed by the prescriber.
6. I will only request an OARRS Report on a person who is a current patient of the prescriber. A patient includes a person who has made an appointment for an initial office visit or a person who has been referred to the practice. The purpose of an OARRS Report is for the prescriber to make medical treatment decisions. I will not request a Report on an office staff person, a prospective staff person, co-worker, or anyone else who does not have a chart or medical record in this office. I will not obtain an OARRS Report for pre-employment screening, to investigate a drug loss, or any other non-treatment purpose. I understand that there is no health care relationship with a deceased person unless I am the delegate of a coroner.
7. I will not provide the OARRS Report or a copy of the Report to anyone other than my OARRS supervisor, even if that person is authorized by law to request his or her own Report or is not registered with OARRS. This includes the patient. The prescriber may allow a patient to see the patient's report but the patient may not receive a copy of the report. A patient may request a copy of his/her own report directly from OARRS.
8. I understand that if any person outside the practice wishes to have a copy of the Report, he/she must request his or her own Report from OARRS. Multiple prescribers within the same practice who are currently treating the same patient and using the same medical record/chart may utilize the same OARRS Report.
9. I understand that the information obtained from the Report is Protected Health Information and is NOT a public record. I will not disclose the OARRS Report or a copy of the Report to anyone outside the prescriber's office.

