



# OARRS Acceptable Use Policy

## Agency Admin (Supervisors of Corrections, Probation, and State Medicaid Program Accounts)

The Ohio Automated Rx Reporting System (OARRS) is designed to provide patient-specific prescription data to individuals authorized pursuant to Section 4729.80 of the Ohio Revised Code (ORC), which provides specific criteria for when someone may access OARRS information. This Acceptable Use Policy supports the requirements of ORC 4729.80 and must be followed at all times.

The Ohio Automated Rx Reporting System (OARRS) is designed to provide prescription data to individuals authorized by ORC 4729.80. The data may be used by law enforcement officers as a tool for investigating drug abuse offense cases.

A law enforcement officer may request an Rx History Report (Report) on an individual **only if**:

- a. The officer's agency already has an active investigation on the individual named; and
- b. The investigation involves a drug abuse offense as defined in O.R.C. Section 2925.01.

Every agency that uses OARRS must designate at least one OARRS Supervisor (Supervisor) and at least one OARRS Officer (Officer) each of whom will maintain a personal OARRS account. The Supervisor must approve every request for a Report. A Supervisor cannot request a Report. An agency may have multiple Supervisors for the same Officer(s).

Every Supervisor and every Officer will have his or her own user name and password. A Supervisor is responsible for every OARRS Report requested by the Officer(s) being supervised. The Supervisor may view the Report that is received by an Officer.

### **By using the OARRS program, I agree to the following terms:**

1. I will not share my password with anyone else. I will not use anyone else's user name and password to access the OARRS system. To do so is a violation of ORC 4729.86 and may carry criminal penalties.



2. I will provide a case number with every request. I will be actively investigating or supervising the investigation of a drug abuse offense and the name of the person submitted to the OARRS program will appear in that case file.
3. I will certify that the investigation is active and the case number is accurate each time I submit or approve a request.
4. I will not provide the OARRS Report or a copy of the Report to anyone outside this investigation. This includes the individual named on the Report. I understand that the information in the system or obtained from the system is confidential protected health information.
5. A Report obtained by a Supervisor or Officer may not be provided to a prescriber or pharmacist. A Report obtained by a prescriber or pharmacist may not be provided to a Supervisor or Officer. To do so is a violation of ORC 4729.86 and may carry criminal penalties.
6. I understand that an OARRS Report is not direct evidence; it is a tool for gathering evidence.
7. I will not use OARRS to search for a fugitive, track a probationer/parolee, hold an arrestee, or add charges to bolster a tax evasion case or other non-drug abuse offense investigation.
8. I will not use OARRS as a pre-employment screening tool.
9. I understand misuse of the OARRS system or any violation of this agreement may result in suspension or termination of my OARRS account, criminal and/or civil penalties pursuant to ORC 4729.86.

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Signature

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Date

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Name (Printed or typed)