OARRS Acceptable Use Policy

Prescribers (Physician, Dentist, Physician Assistant, Nurse Practitioner/Clinical Nurse Specialist, Podiatrist, Optometrist, Veterinarian)

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.

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 <u>and</u>

  b. One of the following apply:
    1. The prescriber has a current prescriber-patient relationship with the individual named in the request, or
    2. The individual named in the request is a potential patient of the prescriber based on a referral of the patient to the prescriber; or
    3. The individual named in the request is the mother of a newborn or infant patient determined to be dependent on opioids and the prescriber certifies that it is for the purpose of providing medical treatment to the newborn or infant patient.

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

1. I will not allow anyone else to use my personal User Name and Password, including office staff. I will not use anyone else's User Name and Password to access the OARRS system. Any sharing of credentials (user name and password) is a violation of ORC section 4729.86 and may carry criminal penalties. I understand that credentials have been authorized for me personally, not for my office, my employer, or an employee.

2. I will only request an OARRS Report on a <u>current</u> patient. A current patient includes a person who has made an appointment for an initial office visit or a person who has been referred to my practice. I will not request a Report on my office staff, prospective staff, co-worker, or anyone else who does not have a chart or medical record in my office. I understand that I do

not have a healthcare relationship with a person who is deceased unless I am the examining coroner.

3. I will only use the OARRS Protected Health Information to practice medicine. It may be one factor in my assessment of the patient but not the only factor. I may contact other health care providers listed on the OARRS Report to discuss information contained in the Report concerning our mutual patient.

4. I understand the information in OARRS is Protected Health Information and is NOT a public record. I will not disclose the OARRS Report or provide a copy of the Report to anyone except other prescribers who are using the same patient chart.

5. I will not provide a copy of the OARRS Report to anyone else, including the patient. (A patient may **view** his/her own report, but may not receive a copy.) If another person wishes to have a copy of his/her Report, the individual must request his/her own Report directly from the OARRS program. I may provide the OARRS website (www.ohiopmp.gov).

6. I will not use an OARRS Report for pre-employment screening, to investigate a drug loss, or any other non-treatment purpose.

7. I may authorize another person to request a Report on my behalf if I employ or supervise that person. **That person must have their own, individual delegate account registered with OARRS.** I understand that each delegate will receive his or her own User Name and Password. I am responsible for every Report requested using my credentials or my delegates' credentials. As a prescriber, I may view all Reports requested by my delegate(s).

8. When I no longer permit a delegate to access OARRS on my behalf or when a delegate is no longer employed by me or my business, I will remove the delegate from my OARRS account.

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.

_____   _____

Signature   Date

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Name (Printed or typed)