



OARRS Acceptable Use Policy

Prescriber's Delegate (Licensed and Unlicensed)

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.

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. 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.

OR

 - c. The prescriber delegate is participating in a drug overdose fatality review committee under the rules of 4729.80.

2. I understand that to be a Prescriber's Delegate, I must be supervised by a prescriber that is authorized to access OARRS. The prescriber may authorize me to register with OARRS and obtain my own user name and password. Upon my authorized registration with OARRS, the prescriber may direct me to obtain an OARRS Report on a current or potential patient of the prescriber as described above; when I am directed to obtain an OARRS Report, I understand I



must use my personal User Name and Password, not that of the prescriber for whom I am acting, or anyone else's OARRS account.

3. I will not allow anyone else to use my personal User Name and Password, including other 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 any other employee.
4. I understand that each prescriber's delegate must have his or her own account. Every time I run an OARRS reports, I will select the prescriber for whom I am running the report.
5. If I change jobs or my authorizing prescriber leaves the practice, I will notify OARRS.
6. I understand that as a prescriber's delegate registered with OARRS I have been specifically authorized by the prescriber to request an OARRS Report on his/her behalf, under my personal account. A prescriber may not allow anyone else to use the prescriber's User Name and Password (credentials). I will not use any other account than my own to run an OARRS report. I understand the prescriber is responsible for every Report requested using the prescriber's credentials or the credentials of his/her prescriber's delegate(s).
7. I will not use the OARRS system unless directed to do so by my authorizing prescriber.
8. 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. I understand the purpose of an OARRS Report is for the prescriber to make medical treatment decisions.
9. 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.
10. 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.
11. I will not provide the OARRS Report or a copy of the Report to anyone other than my OARRS supervisor, regardless of whether that person is authorized by law to request an OARRS 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.
12. 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.

13. 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 other than my authorizing prescriber.

14. 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

Name (Printed or typed)

Date of Birth