



## **OARRS Acceptable Use Policy**

### **Community Control (Probation)/Parole Officers**

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 community control (probation) and parole officers as a tool for investigating or monitoring individuals as assigned by a court, provided it is related to a drug abuse offense.

A community control (probation)/parole officer is authorized to request an Rx History Report (Report) on an individual **only if** the officer is currently investigating (pre-sentence) or monitoring the individual named in relation to a drug abuse offense.

In order to use OARRS, an agency 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 must each have his or her own User Name and Password. A Supervisor is responsible for every Report requested by the Officer(s) being supervised. The Supervisor may view the Report that OARRS provides to the Officer.

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

1. I will not share my User Name or Password with anyone else. I will not use anyone else's User Name and Password. To do so is a violation of O.R.C. 4729.86 and may carry criminal penalties.
2. I will provide a case number with every request. I will be actively investigating this case or monitoring this individual and the name of the individual submitted to the OARRS program will appear in that case file.
3. I will certify that the investigation/monitoring is active, and the case number is accurate each time I submit or approve a request.
4. I will not provide the OARRS Report to anyone outside this investigation or monitoring. This includes the individual named on the Report. I understand that the information in the system is confidential Protected Health Information.
5. I understand that an OARRS Report is not direct evidence; it is a tool for gathering evidence.
6. I will use OARRS only for monitoring an offender's compliance with conditions of supervision that are related to drugs or a pre-sentence investigation where the conviction is a drug abuse offense as defined in Section 2925.01 of the Ohio Revised Code.
7. I will NOT use OARRS to search for a fugitive, track an offender on community control (probationer)/parolee, hold an arrestee, or add charges to bolster a non-drug 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)