



## **OARRS Acceptable Use Policy**

### **Benefit Plan Manager (Medicaid Managed Care Medical Director, Medicaid Managed Care Pharmacy Director, BWC Managed Care Medical Director)**

The Ohio Board of Pharmacy will provide prescription data from the Ohio Automated Rx Reporting System (OARRS) to the \_\_\_\_\_ (“Organization”) as authorized by ORC 4729.80. The data may be used by the Organization as a tool for evaluating a recipient’s prescription history.

A Medical/Pharmacy Director of the Organization is authorized to request an Rx History Report (Report) ONLY on a recipient pursuant to ORC 4729.80(A)(10).

The Medical/Pharmacy Director is responsible for every OARRS Report requested, and the use of such report.

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

1. I will not share my User Name and 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 certify that the individual whose Report is requested is a current recipient of medical benefits paid for by the Department of Medicaid/Bureau of Workers’ Compensation.
3. I will not use OARRS to obtain information related to any person who is not a recipient of a program of medical benefits that is administered by the Department of Medicaid/Bureau of Workers’ Compensation.

4. I will not provide the OARRS Report or a copy of the Report to anyone not directly charged with the Organization's evaluation of this recipient's prescription history. This includes the individual recipient named on the Report, a pharmacist who is treating the recipient, a prescriber who is treating the recipient, or a law enforcement officer who is investigating or may investigate the recipient.
5. I understand that the information in the system or obtained from the system is confidential Protected Health Information.
6. I will not use an OARRS Report in any civil or administrative proceeding. ORC 4729.86(B)
7. I will not ask a pharmacist who is treating the recipient, a prescriber who is treating the recipient, or a law enforcement officer who is investigating or may investigate the recipient for a copy of their Report. To do so is a violation of ORC 4729.86 and may carry criminal penalties.
8. I will not use OARRS to determine initial eligibility for any program administered by the Organization.
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, and/or referral of a complaint to the State Medical Board of Ohio.

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Signature

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Date

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Name (Printed or typed)

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Email Address