



## **OARRS Acceptable Use Policy**

### **Coroners**

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 Section 4729.80 and must be followed at all times.

A coroner is authorized to request an Rx History Report (Report) on an individual **only if:**

1.
  - a. The subject of the request is deceased and
  - b. the coroner is conducting or has conducted an autopsy or investigation.

OR

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

### ***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 decedent on which I am conducting or have conducted an autopsy or investigation.
3. 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 outside this investigation.
4. I understand that an OARRS Report is not direct evidence; it is a tool for gathering evidence.
5. I will not use an OARRS Report for pre-employment screening.
6. 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 their 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).
7. 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 agency, I will remove the delegate from my OARRS account.
8. If my employment changes and I am no longer acting in the capacity of a coroner, I will notify OARRS.
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 Section 4729.86.

---

Signature

---

Date

---

Name (Printed or typed)

---

Date of birth

---

Email Address