



## **OARRS Acceptable Use Policy**

### **Coroner's Delegate**

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.

### ***By using the OARRS program as a delegate, I agree to the following terms:***

A coroner's delegate 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.
2. I understand that to be a coroner's delegate, I must be supervised by a coroner who is authorized to access OARRS. The coroner may authorize me to register with OARRS and obtain my own User Name and Password. Upon my authorized registration with OARRS, the coroner may direct me to obtain an OARRS Report on a decedent 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 coroner 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 coroner's delegate must have his or her own account. Every time I run an OARRS report, I will select the coroner for whom I am running the report.
5. If I change jobs or my authorizing coroner leaves the office, I will notify OARRS.
6. I understand that as a coroner's delegate registered with OARRS I have been specifically authorized by the coroner to request an OARRS Report on their behalf, under my personal account. A coroner may not allow anyone else to use the coroner's User Name and Password (credentials). I will not use any other account than my own to run an OARRS report. I understand the coroner is responsible for every Report requested using the coroner's credentials or the credentials of their coroner's delegate(s).
7. I will not use the OARRS system unless directed to do so by my authorizing coroner.
8. I will only request an OARRS Report on a person who is deceased, and the coroner is performing or has performed an autopsy or investigation.
9. I will not request a Report on an office staff person, a prospective staff person, co-worker, or anyone else who does not meet the criteria set forth above.
10. I will not obtain an OARRS Report for pre-employment screening, to investigate a drug loss, or any other reason not expressly permitted by law.

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.
  
12. 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 coroner.
  
13. 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.

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Signature

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Date

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Name and date of birth (Printed or typed)

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Email Address