OARRS Acceptable Use Policy

Pharmacist'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 4729.80 and must be followed at all times.

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

I understand that a pharmacist delegate may request an Rx History Report (Report) on an individual **only if**:
   a. The request is for the current purpose of the practice of pharmacy; <u>and</u>
   b. The pharmacist for whom I am serving as a delegate with respect to the individual's OARRS report has a current pharmacist-patient relationship with the individual named in the request.

OR

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

1. 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.

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2. I understand that to be a Pharmacist's Delegate, I must be supervised by a pharmacist who is authorized to access OARRS. The pharmacist may authorize me to register with OARRS and obtain my own User Name and Password. Upon my authorized registration with OARRS, the pharmacist may direct me to obtain an OARRS Report on a current patient of the pharmacist 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 pharmacist for whom I am acting, or anyone else's OARRS account.

3. I will only request an OARRS Report on a person who is <u>currently a patient of the pharmacy.</u> A current patient includes a person who has presented a prescription to my pharmacy even though the prescription is not filled.

4. I understand that each pharmacist and each pharmacist delegate must have their own OARRS account. Every time I run an OARRS report, I will select the pharmacist 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 will not request a Report on pharmacy staff, prospective staff, co-worker(s), or anyone else who is not a patient at this pharmacy. I understand that there is no pharmacy-patient relationship with a person who is deceased.

7. The OARRS Report is NOT a public record and I will not share the Report or a copy of the Report with anyone, except pharmacists in the same pharmacy.

8. I will not provide a copy of the OARRS Report to anyone other than the authorizing pharmacist, regardless of whether that person is authorized by law to request an OARRS Report or is not registered with OARRS. This includes the patient. If another person wishes to have a copy of their Report, the individual must request their own Report directly from the OARRS program. I may provide the OARRS phone number (614-466-4143 Option 1) or website (www.ohiopmp.gov). Prescribers and law enforcement officers must request their own Report from OARRS.

9. I will not use an OARRS Report for pre-employment screening or to investigate a drug loss, or any other purpose that is not within the practice of pharmacy.

10. 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