



## OARRS Acceptable Use Policy Prescriber

The Ohio Automated Rx Reporting System (OARRS) is designed to provide patient specific prescription data to individuals authorized by ORC 4729.80.

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

- a. The request is for the purpose of providing medical treatment and
- b. The prescriber has a current prescriber-patient relationship with the individual named in the request.

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

1. For security reasons, I will not allow anyone else to use my own 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 O.R.C. 4729.86 and may carry criminal penalties. I understand that credentials have been authorized for me personally, not for my office or my employer.
2. I will only request an OARRS Report on a current patient. A current patient includes a person who has made an appointment for an initial office visit or a person who has been referred to my practice. I will not request a Report on my office staff, prospective staff, co-worker, or anyone else who does not have a chart or medical record in my office. I understand that I do not have a healthcare relationship with a person who is deceased unless I am the coroner.
3. I will only use this Protected Health Information to practice medicine. It may be one factor in my assessment of the patient but not the only factor. I may contact other health care providers listed on the OARRS Report to discuss information contained in the Report concerning our mutual patient.
4. 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 except other prescribers who are using the same patient chart.
5. I will not provide a copy of the OARRS Report to anyone else, including the patient. (A patient may **view** your report.) If another person wishes to have a copy of the Report, he/she must request his or her own Report through the OARRS program. I may provide the OARRS phone number (614-466-4143, Option 1) or website ([www.ohiopmp.gov](http://www.ohiopmp.gov)).
6. I will not use an OARRS Report for pre-employment screening, to investigate a drug loss, or any other non-treatment purpose.
7. 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 his or her 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).
8. When I need to terminate a delegate's authority to obtain an OARRS Report on my behalf, I will notify OARRS by submitting an "Add/Remove Delegate form". (See "Related Links" after you log in.)

