



**STATE OF**  
**OHIO**  
BOARD OF PHARMACY

# OARRS Acceptable Use Policy

## Pharmacists

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.

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

- a. The request is for the current purpose of the practice of pharmacy and
- b. The pharmacist has a pharmacist-patient relationship with the individual named in the request.

***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 person who is currently my patient. A patient includes a person who has presented a prescription to my pharmacy even though the prescription is not filled. I will not request a Report on pharmacy staff, prospective staff, co-worker(s), or anyone else who is not my patient. I understand that I do not have a pharmacist-patient relationship with a person who is deceased.
3. I will only use this Protected Health Information to practice pharmacy. It may be one factor in my drug utilization review of the patient's profile but not the only factor. I may contact other health care providers listed on the Report to discuss information contained in the Report concerning our mutual patient.



4. I understand 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 for consultation on providing pharmacy services to a current patient.
5. I will not provide a copy of the OARRS Report to anyone else, 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 Report, the individual must request his/her own Report directly from the OARRS program. I may provide the OARRS website ([www.ohiopmp.gov](http://www.ohiopmp.gov)). Prescribers and law enforcement officers must request their own Report from OARRS.
6. I will not use an OARRS Report for pre-employment screening or to investigate a drug loss, or any other purpose that is not the practice of pharmacy.
7. 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.

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Signature

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Date

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Name (Printed or typed)