

Pennsylvania Prescription Drug Monitoring Program System User Terms and Conditions

By using the Pennsylvania Prescription Drug Monitoring Program System (PA PDMP), you attest to the following:

AUTHORIZED ACCESS

- 1) I attest that the information I provided during registration is my own and is true and accurate to the best of my knowledge.
- 2) I attest that I am legally authorized to access the PA PDMP.
- 3) I understand that all licensed medical professionals with prescriptive authority as well as licensed pharmacists may allow delegates to access to the PA PDMP system by approving their respective delegate accounts.
- 4) I understand that all users who approve their delegate accounts are responsible for ensuring their delegates comply with the terms and conditions as identified here as well as state and federal laws and regulations pertaining to the protection of patient health information.
- 5) I understand that PA PDMP usernames and passwords are assigned to individuals and not to facilities. All authorized users must have their own accounts using their own credentials. Usernames and passwords cannot be shared. Any violations of username and password security may result in revocation of direct access.
- 6) I understand that I am only permitted to have one account per DEA number with the PA PDMP.
- 7) I understand that I am only permitted to use the PA PDMP for the reasons explicitly stated in [ABC-MAP Act 2014-191, Act of Oct. 27, 2014, P.L. 2911](#) (Act).
- 8) I agree to report any suspected breach or unauthorized access of the system to the PA PDMP Office immediately.

CONFIDENTIALITY

- 9) I understand that the data from the PA PDMP is protected patient health information and any information accessed must be treated as confidential.
- 10) I understand that any person who unintentionally or intentionally makes an unauthorized disclosure of information from the PA PDMP database will be subject to civil and criminal penalties as set forth in the Act.
- 11) I agree to abide by all rules and regulations set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 12) I understand that all system users must implement appropriate administrative, technical and physical safeguards to ensure the privacy and security of the controlled substance dispensation information pertaining to their patients.

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GENERAL TERMS AND CONDITIONS

- 13) I understand that patients can request a copy of their information from the PA PDMP office once per quarter at no cost by completing the Patient Prescription History Request Form provided on the PDMP website (www.doh.pa.gov/PDMP).
- 14) I understand that the PDMP data is available to all authorized users 24 hours per day, 7 days per week and 365 days per year.
- 15) I understand that the database may contain errors and omissions. The PA PDMP Office shall investigate any reports of erroneous data at the request of a patient or authorized user. I understand that the data is submitted to the PA PDMP by pharmacies; therefore, the pharmacies are responsible for correcting the information, if required.
- 16) I understand that the PA PDMP data is not intended to provide any advice regarding diagnosis or treatment.
- 17) I understand that my name and the address associated with my DEA number will appear on patient reports and that it is my responsibility to update the address with the DEA if necessary.
- 18) I agree to notify the PA PDMP Office when or if I am no longer legally authorized to access the PA PDMP.

TERMS AND CONDITIONS FOR PRESCRIBER AND DISPENSER DELEGATES

- 1) I certify that I have been authorized by a prescriber or dispenser for whom I work or by whom I am supervised to request prescription data on his or her behalf.
- 2) I agree to only request prescription data on current or potential patients of the prescriber(s) or dispenser(s) to whom I am assigned as a delegate.
- 3) I agree to not request a report on a current or prospective office staff person, co-worker, or any individual who does not have a chart, medical record, or a current provider-patient relationship with my supervising prescriber(s) or dispenser(s).
- 4) I agree to not use information gathered from the PA PDMP system for pre-employment screening, to investigate a drug theft, a drug loss or for any other non-treatment purpose.
- 5) I agree to not share accounts or passwords with anyone else or to use any other username and password other than my own to access the PA PDMP system. I understand that sharing of credentials is a system security violation and there will be penalties as determined in the Act.
- 6) I understand that I am not to provide a report or a copy of a report to anyone other than my supervising prescriber(s) or dispenser(s), even if that person is authorized by law to request his or her own report or is registered with the PA PDMP system.
- 7) I understand that I may show a patient's report to the patient or the patient's authorized representative and discuss it with him or her if I am given permission to do so by my supervising prescriber(s) or dispenser(s).
- 8) I understand that the PA PDMP prescription information is protected by HIPAA privacy regulations and by Pennsylvania confidentiality laws, which are more stringent and provide greater protection for patient health information.
- 9) I agree to treat any information accessed from the PA PDMP system as confidential and will strictly ensure the privacy and security of the prescription information pertaining to my patients and customers to protect against any improper disclosure.

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- 10) I agree to report any suspected breach of the system or unauthorized access to the PA PDMP system to the PA PDMP Office immediately.
- 11) I understand that inappropriate access or disclosure of information received from the PA PDMP system is a violation of state law and may result in criminal, civil or administrative sanctions, including, but not limited, to disciplinary action by the appropriate licensing board or revocation of system user access privileges, or both.
- 12) I agree to notify the PA PDMP Office when I am no longer under the employment or supervision of the prescriber(s) or dispenser(s) for whom I am a delegate or when I no longer need access to the PA PDMP system.
- 13) I understand that the information I access from the PA PDMP system may contain errors and omissions. I understand that the information from the system is to be treated as a resource to assist with patient clinical interviews and assessments. Additionally, I understand that information in system reports should be discussed with patients by my supervising prescriber(s) or dispenser(s) before any clinical decisions are made or actions taken.
- 14) I accept the above conditions and certify that I am authorized to access the PDMP system.

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