

Training Guide for Impaired Practitioner Consultants

Florida Department of Health
Prescription Drug Monitoring Program



July 2018

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1 Program Overview

The Electronic-Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE) is Florida's Prescription Drug Monitoring Program (PDMP). E-FORCSE was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State of Florida. The purpose of E-FORCSE is to provide the information that will be collected in the database to healthcare practitioners to guide their decisions in prescribing and dispensing these highly-abused prescription drugs.

In 2016, sections 893.055 and 893.0551, Florida Statutes (F.S.) were amended to authorize indirect access to controlled substance dispensing information maintained in E-FORCSE by an impaired practitioner consultant (IPC) to monitor or evaluate a referral or impaired practitioner program participant. An IPC means an approved impaired practitioner program designated by the Department of Health (Department) through contract with a consultant to evaluate, refer and monitor impaired practitioners. The Department has designated the Intervention Project for Nurses (IPN) and Professionals Resource Network (PRN) as the Approved Impaired Practitioner Programs.

Section 893.0551(3)(h), F.S., authorizes an impaired practitioner consultant (IPC), who is retained by the Department under section 456.076, F.S., to request and review information in the E-FORCSE database regarding an impaired practitioner program participant or referral who has agreed in writing to the IPC's access and review of the information.

Upon approval of the IPC user agreement the Medical Director or Executive Director may appoint up to three (3) authorized users who are employed by the IPC to request and receive information on behalf of the IPC using the Impaired Practitioner Program Authorized User Appointment Form.

Rule 64K-1.003, Florida Administrative Code, requires that the person referred to or participating in the approved impaired practitioner program to provide written authorization for an IPC to request and review information in the database. The referred or impaired practitioner program participating person shall use the "Authorization for Impaired Practitioner Consultant Access" form (Appendix 3) to provide this authorization. The authorization may be rescinded in writing at any time during the monitoring contract period.

In order to request confidential information from the program manager, the IPC shall:

1. Enter into a user agreement with the Department (Appendix 1); and
2. Complete and submit an "Impaired Practitioner Program Authorized User Appointment Form" (Appendix 2).
3. Submit a new "Authorization for Impaired Practitioner Consult Access Form" (Appendix 3) with each request for information.
4. Maintain and protect the confidentiality of all information obtained from the E-FORCSE database.

2 Impaired Practitioner Consultant Responsibilities

User Agreement

In order to request confidential information from the program manager, the IPC must enter into a user agreement with the Department. The user agreement outlines the legal authority; terms, conditions, and limitations associated with using the E-FORCSE database to request and review information from the program manager relating to persons referred to or participating in the impaired practitioner programs.

Safeguarding Information

All information disseminated from the E-FORCSE database in any form to any entity is considered protected health information (PHI) and any and all applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA), govern the use of it. It is the IPC's duty and responsibility to maintain the confidential and exempt status of any information received from the PDMP.

Information provided will not be used for any purposes not specifically authorized by the user agreement. Unauthorized use includes, but is not limited to, requests on behalf of a treatment provider, requests not related to a legitimate purpose, personal use, and the dissemination, sharing, copying or passing of this information to unauthorized persons.

All information provided to an agency, entity, or individual will be labeled "CONFIDENTIAL: This information obtained from E-FORCSE contains confidential controlled substance prescription dispensing information."

Information provided by electronic means will be stored in a place physically secure from access by unauthorized persons. Access to the information provided will be protected in such a way that unauthorized persons cannot review or retrieve the information.

The IPC must notify in writing the Department and the affected individual following the determination that personal information has been compromised by any unauthorized access, distribution, use, modification, or disclosure as soon as possible, but no later than one business day after making such determination. The statement to the Department must provide the date and the number of records affected by any unauthorized access, distribution, use, modification, or disclosure of personal information. Further, as provided in section 501.171, F.S., the document must include the following: synopsis of security breach, policy/incident report, number of affected persons, security policy, recovery steps, services offered to individuals, and contact information to obtain additional information.

3 Administrative Support

Administrative Assistance

If you have any non-technical questions regarding E-FORCSE, please contact:

E-FORCSE, Florida's Prescription Drug Monitoring Program
4052 Bald Cypress Way, Bin C-16
Tallahassee, Florida 32399

Phone: 850-245-4797

E-mail: e-forcse@flhealth.gov

Website: www.e-forcse.com

4 Document Information

Version History

The Version History records the publication history of this document.

Publication Date	Version Number	Comments
7/1/2016	1.0	Initial publication

Table 1 – Version History

Change Log

The Change Log records the records the changes and enhancements included in each version.

Version Number	Chapter/Section	Change
1.0	N/A	N/A

Table 2 – Document Change Log

Appendix 1: User Agreement



**IMPAIRED PRACTITIONER CONSULTANT
USER AGREEMENT**
between
**Prescription Drug Monitoring Program
and**

This Impaired Practitioner Consultant User Agreement (Agreement) is made and entered into by and between _____ hereinafter referred to as the Consultant and the Florida Department of Health, Prescription Drug Monitoring Program hereinafter referred to as the Department.

I. Purpose of the Agency User Agreement

In accordance with sections 893.055 and 893.0551, Florida Statutes, an impaired practitioner consultant may request controlled substance prescription dispensing information (Information) from the Prescription Drug Monitoring Program (PDMP). A Consultant may request Information regarding an impaired practitioner program participant or a referral who has agreed to be monitored through the program and who has separately agreed in writing to the Consultant's access to and review of such information. This Agreement sets forth the legal authority; Consultant responsibilities; and information safeguarding requirements.

II. Legal Authority

The PDMP collects and maintains Information in a database pursuant to sections 893.055 and 893.0551, Florida Statutes. The Information maintained in the database is confidential and exempt from public record disclosure and may only be released to an authorized user under specified circumstances.

III. Statement of Work

A. Consultant Responsibilities:

1. Prior to executing this Agreement, the Consultant must review the Training Guide for Impaired Practitioner Consultants and complete the Certification Form, certifying that they understand the information contained therein.
2. Upon approval of the Agreement, the Consultant will provide the Department with a list of authorized users. The Consultant may appoint up to three (3) authorized users who are employees of the approved impaired practitioner program using an Impaired Practitioner Program Authorized User Appointment Form. Each authorized user must review the Training Guide for Impaired Practitioner Consultants and complete the Certification Form certifying they understand the information contained therein. A copy must be maintained on file with the Consultant for the duration of the appointment and be made available for examination upon request by the program manager.
3. Ensure compliance with this Agreement, the Training Guide for Impaired Practitioner Consultants, and the laws and rules governing the access, use, and dissemination of information received.
4. Submit an annual attestation to the Program Manager that the Agreement is being complied with and disclose any findings of non-compliance and actions taken to regain compliance.

B. Department Responsibilities:

1. Create a user account for IPC and authorized user(s).
2. Operate and maintain the electronic database.
3. Maintain official copy of this Agreement.
4. Ensure/monitor compliance with this Agreement.

5. Review and approve requests for Information timely.

IV. Safeguarding Information

The Consultant will use and maintain the confidentiality of all information received under this Agreement in accordance with Section 893.0551, Florida Statutes. Information obtained under this Agreement will NOT be disclosed to any person or entity. Consultants are prohibited from requesting Information on behalf of another Consultant, entity or person. Any person who willfully and knowingly violates any of the provisions of this section may be found guilty of a felony and is punishable as provided in Section 893.0551, Florida Statutes.

- A. Information provided will not be used for any purposes not specifically authorized by this Agreement. Unauthorized use includes, but is not limited to, requests on behalf of another Consultant, person or entity; requests not related to a legitimate purpose, personal use, and the dissemination, sharing, copying or passing of this information to unauthorized persons.
- B. Information provided by electronic means will be stored in a place physically secure from access by unauthorized persons.
- C. Access to the Information provided will be protected in such a way that unauthorized persons cannot review or retrieve the Information.
- D. Consultants under the terms of this Agreement will certify their understanding of, the confidential nature of the Information. These certifications must be maintained in a current status by the Consultant and made available to the program manager upon request.
- E. By signing the Agreement, the representatives of the Department and Consultant, on behalf of the respective Parties attest that their respective Agency procedures will ensure the confidentiality of the Information provided will be maintained.

V. Privacy of Controlled Substance Dispensing Information

- A. All Information disseminated from the PDMP database in any form to any entity is considered protected health information and any and all applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA), govern the use of it.
- B. All information provided to a Consultant, entity, or individual will be labeled "CONFIDENTIAL: This information obtained from E-FORCSE contains confidential controlled substance prescription dispensing information."
- C. It is Consultant's duty and responsibility to maintain the confidential and exempt status of any Information received from the PDMP.

VI. Compliance and Control Measures

- A. Internal Control Attestation. This Agreement is contingent upon the Consultant having appropriate internal controls over the Information used by the Consultant to protect the Information from unauthorized access, distribution, use, modification, or disclosure.

Upon request from the Department, the Consultant must submit an attestation. The attestation must indicate that the internal controls over personal data have been evaluated and are adequate to protect the personal data from unauthorized access, distribution, use, modification, or disclosure.

- B. Annual Affirmation Statement. The Department will receive an annual affirmation from the Consultant indicating compliance with the requirements of this Agreement, on or before June 30 each year.
- C. Misuse of Confidential Protected Health Information. The Consultant must notify in writing the Department and the affected individual following the determination that personal information has been compromised by any unauthorized access, distribution, use, modification, or disclosure, within 30 days of such determination. The statement to the Department must provide the date and the number of records affected by any unauthorized access, distribution, use, modification, or disclosure of personal information. Further, as provided in section 501.171, Florida Statutes, the document must include: Synopsis of security breach, Policy/incident report, Number of affected persons, Security policy, Recovery steps, Services offered to individuals, and Contact information to obtain additional information.

VII. Performance Standards

The Department reserves the right to impose damages upon the Consultant for failure to comply with the performance standard requirements set forth below. Failure by the Consultant to meet the established minimum performance standards may result in the Department finding the Consultant to be out of compliance, and all remedies provided in this Agreement and under law, will become available to the Department including a corrective action plan (CAP).

- A. Corrective Action Plan
 1. If the Department determines that the Consultant is out of compliance with any of the provisions of this Agreement, the Department may require the Consultant to submit a CAP within a specified timeframe. The CAP will provide an opportunity for the Consultant to resolve deficiencies without the Department invoking more serious remedies, up to and including Agreement termination.
 2. In the event the Department identifies a violation of this Agreement, or other non-compliance with this Agreement, the Department will notify the Consultant of the occurrence in writing. The Department will provide the Consultant with a timeframe for corrections.
 3. The Consultant will respond by providing a CAP to the Department within the timeframe specified by the Department.
 4. The Consultant will implement the CAP only after the Department's approval.
 5. The Department may require changes or a complete rewrite of the CAP and provide a specific deadline.
 6. If the Consultant does not meet the standards established in the CAP within the agreed upon timeframe, the Consultant will be in violation of the provisions of this Agreement and will be subject to termination.

VIII. Terms and Terminations

If the Program Manager or staff becomes aware of an alleged failure to comply with this Agreement or section 893.0551(5), Florida Statutes, by the Consultant, the Program Manager, within one business day of discovery, shall suspend the access of the Consultant and notify the Consultant of the suspension. The Consultant shall investigate the alleged compliance failure and report the findings to the Program Manager. The Program Manager shall determine whether the Consultant's access should be reinstated. Prior to reinstatement, the Consultant must submit proof of completion of the E-FORCSE Information Security and Privacy Training Course, within 30 days.

IX. Disclaimers of Warranty and Liability

- A. The Department makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of this report, and expressly disclaims liability for errors and omissions in the contents of information provided by the PDMP database.
- B. The PDMP database records are based on Information submitted by pharmacies and dispensing health care practitioners.

FORM INSTRUCTIONS: This is an adobe fillable form. Once complete, click on the "Submit Form" button in the purple box at the top of the form. Type in your email address and full name and click send.

Consultant Name	
Executive Director/Medical Director Name	Title
Phone Number	Email Address
Signature: <i>(Format for electronic signature: //John F. Doe//)</i>	Date:
Florida Department of Health- Prescription Drug Monitoring Program	
Name	Title
Phone Number	Email Address
Signature: <i>(Format for electronic signature: //John F. Doe//)</i>	Date:

Appendix 2: Impaired Practitioner Program Authorized User Appointment Form



Florida's Prescription Drug Monitoring Program
 4052 Bald Cypress Way, Bin C-16
 Tallahassee, FL 32399
 Phone: (850) 245-4797
 Fax: (850) 617-6430
 e-forcse@flhealth.gov

Impaired Practitioner Program Authorized User Appointment Form

In accordance with section 893.055(7)(c)5., Florida Statutes (F.S.), an impaired practitioner consultant (IPC), who is retained by the Department of Health under section 456.076, F.S., may request and review information in the E-FORCSE database regarding an impaired practitioner program participant or referral who has agreed in writing to the IPC's access and review of the information.

Please complete the fields below to register as an impaired practitioner consultant user of the E-FORCSE database. A user name and password will be sent via two separate emails, upon approval of the registration form.

FORM INSTRUCTIONS: This is an Adobe fillable form. Once complete, click on the "Submit Form" button in the purple box at the top of the form. Type in your email address and full name and click send.

Please provide the information requested below. ALL fields are required. (Print or Type) Use full name not initials.				
<input type="checkbox"/> New Registration		<input type="checkbox"/> De-Activate Registration		
Impaired Practitioner Consultant Name				
Authorized User Name		Title		Employee ID
Address		City	State FL	Zip
Telephone Number		Email Address		
____ (Initial) I affirm that all information on this form is true and that I am employed by the Impaired Practitioner Consultant, referenced above, who is retained by the Department of Health under section 456.076, F.S.				
____ (Initial) I understand it is my duty and responsibility to maintain the confidential and exempt status of any information I receive from the PDMP and that inappropriate access or disclosure of this information is a violation of section 893.0551, Florida Statutes, and a third degree felony, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.				
____ (Initial) I understand all information disseminated from the database in any form by the PDMP to any entity is considered protected health information and the use of it is governed by any and all applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA).				
Authorized User Signature:		Date:		
(Format for electronic signature: //John F. Doe//)				
IPC Signature:		Date:		
(Format for electronic signature: //John F. Doe//)				
For Department Use Only				
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PDMP Staff Signature		Date of Action

DH####-PDMP, 7/16
 Rule 64K-1.003, F.A.C

Appendix 3: Authorization for Impaired Practitioner Consultant Access Form



Florida's Prescription Drug Monitoring Program
4052 Bald Cypress Way, Bin C-16
Tallahassee, FL 32399
Phone: (850) 245-4797
Fax: (850) 617-6430
e-forcse@flhealth.gov

Authorization for Impaired Practitioner Consultant Access

Section 893.055(7)(c)5., Florida Statutes (F.S.), authorizes an impaired practitioner consultant (IPC), who is retained by the Department of Health under section 456.076, F.S., to review information in the E-FORCSE database regarding an impaired practitioner program participant or referral who has agreed in writing to the IPC's access and review of the information.

Rule 64K-1.003(5)(e), Florida Administrative Code, requires the person referred to or participating in the approved impaired practitioner program provide written authorization in order for an IPC to access information in the database. The referred or participating person shall use this form to provide this authorization.

FORM INSTRUCTIONS: This is an Adobe fillable form. Once complete, the person referred to or participating in the approved impaired practitioner program must sign and date the form. The form must also be signed by the IPC who is requesting access to the information. This form must be attached to the recipient query submitted electronically through the E-FORCSE secure web portal, as described in the Training Guide for Impaired Practitioner Consultants. (NOTE: Authorization for impaired practitioner consultant access is not necessary to be evaluated or monitored in the impaired practitioner program.)

Person Referred to IPC Authorization to Request Information				
Last Name		First Name		Date of Birth (MM/DD/YYYY)
Address			City	State Zipcode
Telephone Number		Dispensed Start Date (MM/DD/YYYY)		Dispensed End Date (MM/DD/YYYY)
_____ Patient Signature Date				
This authorization may be rescinded in writing at any time.				
IPC Authorized User Signature			Date	
Program Participant in IPC Authorization to Request Information				
Last Name		First Name		Date of Birth (MM/DD/YYYY)
Address			City	State Zipcode
Telephone Number	Dispensed Start Date	Dispensed End Date	Monitoring Start Date	Monitoring End Date
_____ Patient Signature Date				
This authorization may be rescinded in writing at any time.				
IPC Authorized User Signature			Date	

DH ####-PDMP-07/2016

Appendix 4: Certification



**Florida's Prescription Drug
Monitoring Program**
4052 Bald Cypress Way, Bin C-16
Tallahassee, FL 32399
Phone: (850) 245-4797
Fax: (850) 617-6430
e-forcse@flhealth.gov

CERTIFICATION

Rule 64K-1.003(5)(c), Florida Administrative Code, Accessing the Database, requires the ***Training Guide for Impaired Practitioner Consultants DH8021-PDMP, effective July 2018***, to be reviewed by impaired practitioner program authorized users prior to appointment. This form is part of the required documentation that the impaired practitioner program authorized user must complete in order to request information from the E-FORCSE database regarding an impaired practitioner program participant or referral.

Please sign and return the completed form to the Medical Director/Executive Director.

Impaired Practitioner Consultant Name (PRN or IPN)		Employee ID
Employee Name		
Telephone Number	Email Address	
I certify that I have read and understand the information contained in the Training Guide for Impaired Practitioner Consultants.		
Signature:		Date: