



Florida's Prescription Drug Monitoring Program

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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.

New Registration De-Activate Registration

Impaired Practitioner Consultant Name			
Authorized User Name	Title	Employee ID	
Address	City	State FL	Zip
Telephone Number	Email Address		

____ (Initial) All information on this form is true and 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
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