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Training Guide for Impaired Practitioner Consultants

Florida Department of Health
Prescription Drug Monitoring Program



July 2016

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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. Approved impaired practitioner programs also serve as consultants.

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 Document Overview

Purpose and Contents

The *E-FORCSE Training Guide for Impaired Practitioner Consultants* serves as a step-by-step training guide for using the E-FORCSE database for querying purposes. It includes such topics as:

- IPC responsibilities
- Requesting an account
- Creating query requests
- Viewing query request status
- Generating reports

This guide has been customized to target the specific training needs of Florida IPCs.

3 Impaired Practitioner Consultants 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.

Disclaimer

The Department of Health makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of the information in the database, and expressly disclaims liability for errors and omissions in the contents of the database. The records in the database are based on information submitted by pharmacies and dispensing health care practitioners. Records should be verified before any clinical decisions are made or actions are taken.

4 Impaired Practitioner Consultant Registration

About This Chapter

This chapter provides information on how to register as an *Impaired Practitioner Consultant* to request and receive information from the program manager.

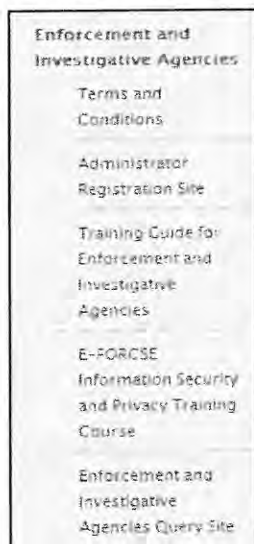
Registration

Upon the execution of a user agreement pursuant to rule 64K-1.003, F.A.C., the Medical Director or Executive Director, of the IPC which is retained by the Department under section 456.076, F.S., will be granted an account to request and review information. 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.

Note: Once the user agreement is approved by E-FORCSE program staff, the Medical Director or Executive Director will receive e-mails from flpdmp-info@hidinc.com (FLPDMINFO) containing your account login information. Please ensure your e-mail system is configured to receive e-mails from this address.

Perform the following steps to request an account for an authorized user:

1. Open an Internet browser window and type the following URL in the address bar:
www.hidesigns.com/flpdmp.
2. Click the **Impaired Practitioner Consultant** link located on the left menu. A window similar to the following is displayed:



3. Click the **Terms and Conditions** link to open and read.
4. After reading the terms and conditions, click on the **Training Guide for Impaired Practitioner Consultants** link and review. Certification of the review is required before

registration can be completed. The authorized user must provide a signed printed copy of the certification to the Medical Director or Executive Director. (NOTE: the certification is provided in Appendix 4)

5. After reviewing the Training Guide, click the **Forms** link. Complete the **Impaired Practitioner Program Authorized User Appointment Form** and follow the form instructions to submit your registration to E-FORCSE program staff for approval.

E-FORCSE program staff will review your request and verify the information. You may be contacted if additional information is required.

If you are approved for an account, you will be notified via two separate e-mails. The first e-mail will contain your approval notification and user name. The second e-mail will contain your temporary password, your personal identification number (PIN) that you will use to identify yourself if you need assistance from the HID Help Desk, and the steps to follow to log in to the system. You will be required to change the temporary password immediately when you first attempt to access the system.

If you are denied access to the system, you will be notified by the E-FORCSE program staff.

5 Logging In to the E-FORCSE database

About This Chapter

This chapter explains how to log in to the system and retrieve a forgotten user name or password.

Log In to the E-FORCSE database

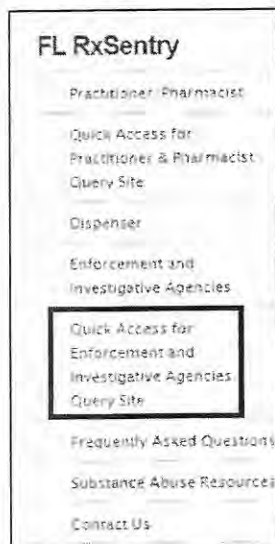
Note: If you have forgotten your E-FORCSE database user name or password, see one of the following topics:

- Retrieve User Name
- Retrieve Password

After six (6) unsuccessful login attempts, your account will be locked. If your account is locked, please call the HID Help Desk using the information provided in the Technical Assistance topic in this document.

Perform the following steps to log in to the E-FORCSE database:

1. Open an Internet browser window and type the following URL in the address bar:
www.hidesigns.com/flpdmp.
2. Click the **Quick Access for Impaired Practitioner Consultants** link located on the left menu:



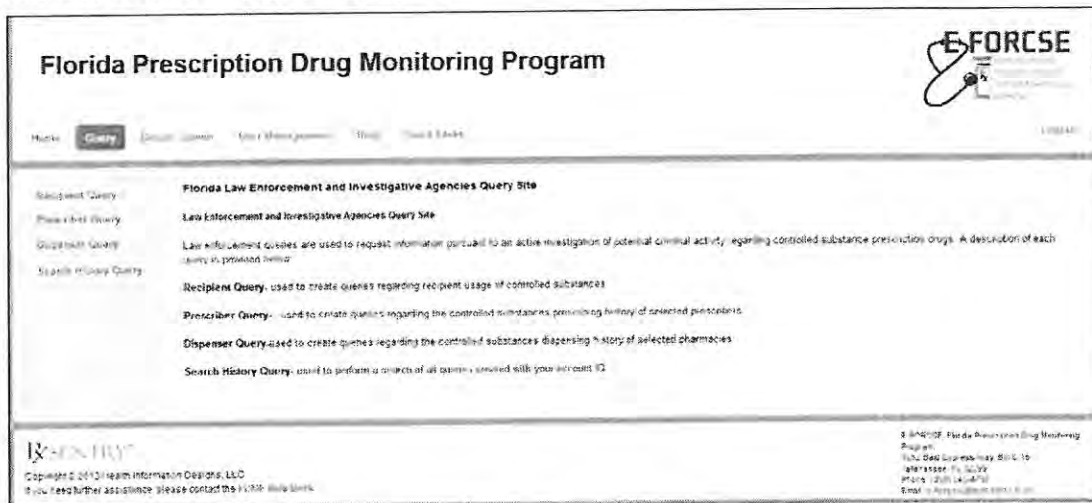
A window similar to the following is displayed:



3. Type your user name in the **Username** field.
4. Type your password in the **Password** field.
5. Click **Login**.

Note: If you are an existing FL PDMP user and this is your first time logging in to the updated system, the Update User Profile window will display. Enter any missing required information (required fields are indicated with an asterisk [*]), and then click **Update**.

The E-FORCSE home page is displayed:



The main menu, located at the top of the page, contains the E-FORCSE database functions. If available, a sub-menu is displayed on the left side of the window. For example, in the screenshot above, the user clicked Query from the main menu, and the Query sub-menu was displayed on the left.

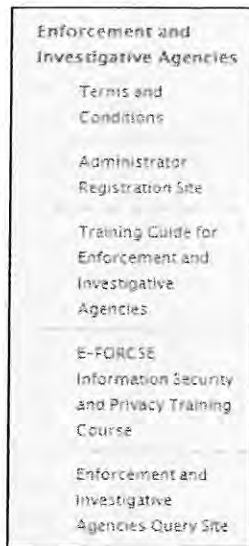
Retrieve User Name

If you have forgotten your E-FORCSE database user name, perform the following steps to retrieve it:

1. Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/flpdmp.

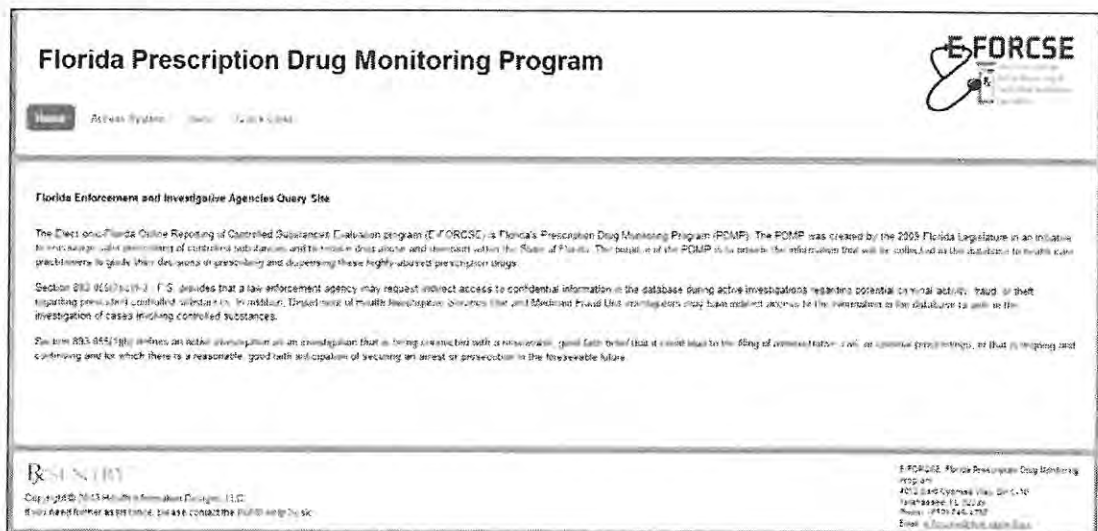
2. Click the **Impaired Practitioner Consultant** link located on the left menu.

A window similar to the following is displayed:



3. Click the **Impaired Practitioner Consultant Query Site** link.

A window similar to the following is displayed:



4. Click **Access System**.

A window similar to the following is displayed:

Florida Prescription Drug Monitoring Program

Home **Access System** Help About Us

Enforcement and Investigative Agencies Access

Login

Retrieve User Name

Retrieve Password

E-FORCSE Florida Prescription Drug Monitoring Program
Copyright © 2015 Health Information Designs, LLC
If you need further assistance, please contact the Program Desk


E-FORCSE Florida Prescription Drug Monitoring Program
Health Information Designs, LLC
Address: 11079
Phone: (850) 245-4747
Email: EFORCSE@DH8021.COM

5. Click **Retrieve User Name**.

A window similar to the following is displayed:

Retrieve User Name

Enter Email Address for Account:

Enter Date of Birth for Account: 

mm/dd/yyyy

Submit

6. Type the e-mail address associated with your account in the **Enter Email Address for Account** field.
7. Type your date of birth in the **Enter Date of Birth for Account** field.
8. Click **Submit**.

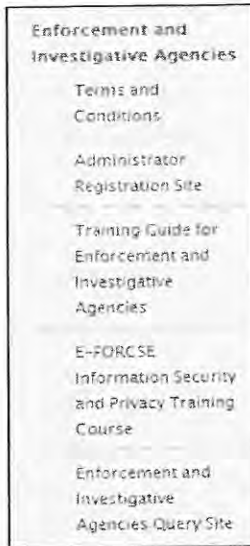
A message providing your user name is displayed.

Retrieve Password

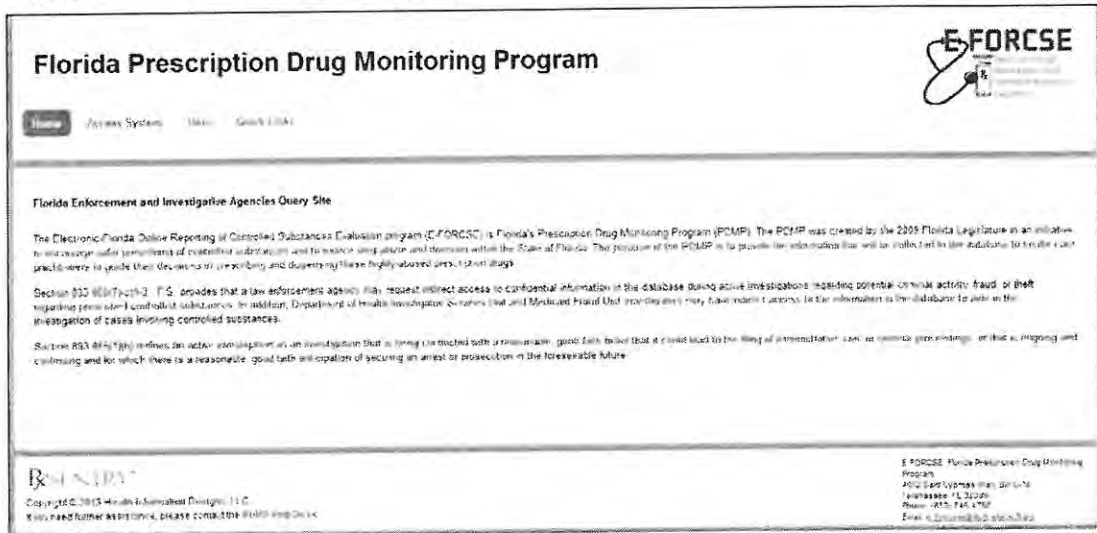
If you have forgotten your E-FORCSE database password, perform the following steps to retrieve it:

1. Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/flpdmp.
2. Click the **Impaired Practitioner Consultant** link located on the left menu.

A window similar to the following is displayed:



3. Click the **Impaired Practitioner Consultant Query Site** link. The E-FORCSE home page is displayed as shown on the following page.



4. Click **Access System**.

A window similar to the following is displayed:

The screenshot shows the E-FORCSE login interface. At the top, it says "Florida Prescription Drug Monitoring Program" and "E-FORCSE". Below this, there are links for "Home", "Admin System", "Help", and "Learn More". The main content area is titled "Enforcement and Investigative Agencies Access" and contains "Login", "Forgot your Username", and "Retrieve or Forgot Password" links. At the bottom, there is a copyright notice for Health Information Designs, LLC and contact information for E-FORCSE.

5. Click **Retrieve Password**.

A window similar to the following is displayed:

The screenshot shows a "Retrieve Password" form. It has two input fields: "Enter User Name for Account:" and "Enter Date of Birth for Account:". The date field has a calendar icon and a placeholder "mm/dd/yyyy". A "Submit" button is located at the bottom right of the form.

6. Type your user name in the **Enter User Name for Account** field.
7. Type your date of birth in the **Enter Date of Birth for Account** field.
8. Click **Submit**.

A window similar to the following is displayed, prompting you to answer the security question established when you created your account:

The screenshot shows the "Retrieve Password" form after the user has entered their information. It displays a message: "An email will be sent to the email address for the previously entered user name. The email will contain a new system-generated temporary password." Below this, it asks a "Security Question: What was your high school mascot?" and provides an input field for the answer, labeled "**Answer:". A "Submit" button is at the bottom right.

9. Type the answer to your security question in the **Answer** field.
10. Click **Submit**.


Note: If you have forgotten the e-mail address associated with your account or the answer to your security question, contact the HID Help Desk.

A message displays indicating that an e-mail containing a temporary password was sent to the e-mail address associated with your user name.

You will receive an e-mail from flpdmp-info@hidinc.com (**FLPDMINFO**) containing your temporary password.

11. Once you have received your temporary password, and you know your user name, click **Login**.

A window similar to the following is displayed:



Login

Username: _____

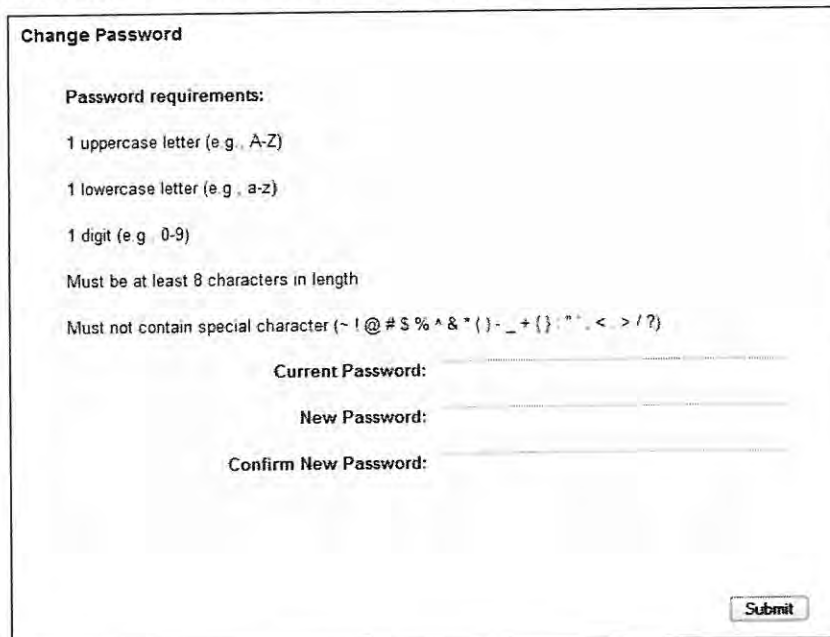
Password: _____

Login

12. Enter your user name and temporary password, and then click **Login**.

Note: At this point, you will be required to change your temporary password.

A window similar to the following is displayed:



Change Password

Password requirements:

- 1 uppercase letter (e.g., A-Z)
- 1 lowercase letter (e.g., a-z)
- 1 digit (e.g., 0-9)
- Must be at least 8 characters in length
- Must not contain special character (~ ! @ # \$ % ^ & * { } - _ + { } : " . < > / ?)

Current Password: _____

New Password: _____

Confirm New Password: _____

Submit

13. Type your temporary password in the **Current Password** field.
14. Type your new password in the **New Password** field, using the information displayed in this window as a password selection guideline.
15. Type your new password again in the **Confirm New Password** field.
16. Click **Submit**.

If the new password is accepted, a message is displayed indicating that your password was accepted and that you are required to log in using your new password.

If the new password is *not* accepted, the message indicates that another password must be selected.

17. Once your password has been accepted, click any function, such as **Query**. A window similar to the following is displayed:



The screenshot shows a rectangular window with a title bar that says "Login". Inside the window, there are two text labels, "Username:" and "Password:", each followed by a horizontal input field. In the bottom right corner of the window, there is a button labeled "Login".

18. Enter your user name and new password, and then click **Login**.
The E-FORCSE home page is displayed.

Session Timeouts

Session timeouts occur after fifteen (15) minutes of system inactivity, and the following message is displayed:



The screenshot shows a rectangular window with a title bar that says "Session Information". The main text inside the window reads: "Your session has expired due to inactivity. Please type in your password to reactivate your session." Below this text, there is a label "User Password:" followed by a horizontal input field. At the bottom center of the window, there is a button labeled "Submit".

Perform one of the following actions:

If you wish to log in with the same user name, type your password in the **User Password** field, and then click **Submit**;

OR

If you wish to log in with a different user name, *close ALL open Internet browser windows*, and then log in again. You will be prompted to enter both your user name and password.

Password Expirations

E-FORCSE passwords expire every ninety (90) days. When the expiration date is reached, a message will display indicating that you must change your password. Once you click **OK** on this message window, the following window will display:

Change Password

Password requirements:

- 1 uppercase letter (e.g., A-Z)
- 1 lowercase letter (e.g., a-z)
- 1 digit (e.g., 0-9)
- Must be at least 8 characters in length
- Must not contain special character (~ ! @ # \$ % * & ^ { } . _ + { } : " ' . < > / ?)

Current Password:

New Password:

Confirm New Password:

Perform the following steps:

1. Type your current password in the **Current Password** field.
2. Type your new password in the **New Password** field, using the information displayed on this window as a password selection guideline.
3. Type your new password again in the **Confirm New Password** field.
4. Click **Submit**.

If the new password is accepted, a message is displayed indicating that your password was accepted and that you are required to log in using your new password.

If the new password is *not* accepted, the message indicates that another password must be selected.

Once your password has been accepted, click any function, such as **Query**.

A window similar to the following is displayed:



The screenshot shows a rectangular window with a black border. In the top-left corner, the word "Login" is written in a bold, sans-serif font. In the center of the window, there are two labels: "Username:" followed by a horizontal line representing a text input field, and "Password:" followed by another horizontal line representing a password input field. In the bottom-right corner of the window, there is a small rectangular button with the word "Login" written on it.

5. Type your user name in the **Username** field.
6. Type your password in the **Password** field.
7. Click **Login**.

The E-FORCSE home page is displayed.

Log Out of the E-FORCSE database

To ensure your login credentials (user name and password) are not used by an unauthorized individual, it is important that you log out of the system when you have completed your session. To do so, click **Log Out** from the menu, and then close your Internet browser.

6 E-FORCSE Queries

About This Chapter

This chapter explains how to create queries that are used to request and review information and how to view your search history.

The following types of queries are available:

- Recipient Query – used to create queries regarding program participants or an individual referred to an IPC for monitoring or evaluation of controlled substance usage.
- Prescriber Query – used to create queries regarding the controlled substance prescribing history of selected prescribers (**This function is NOT available to IPC users**)
- Pharmacy Query – used to create queries regarding the controlled substance dispensing history of selected pharmacies (dispensing pharmacies or dispensing practitioners) (**This function is NOT available to IPC users**)
- Search History Query – used to view a history of all queries performed using your user ID, as well as queries performed by your authorized users, for a specified timeframe

Note: The term “recipient” means an impaired practitioner program participant or an individual referred to an IPC for monitoring or evaluation.

Note: As state above, Prescriber Query and Pharmacy Query functions are NOT available to the IPC user. Prescriber and Pharmacy query requests will be denied.

Recipient Query

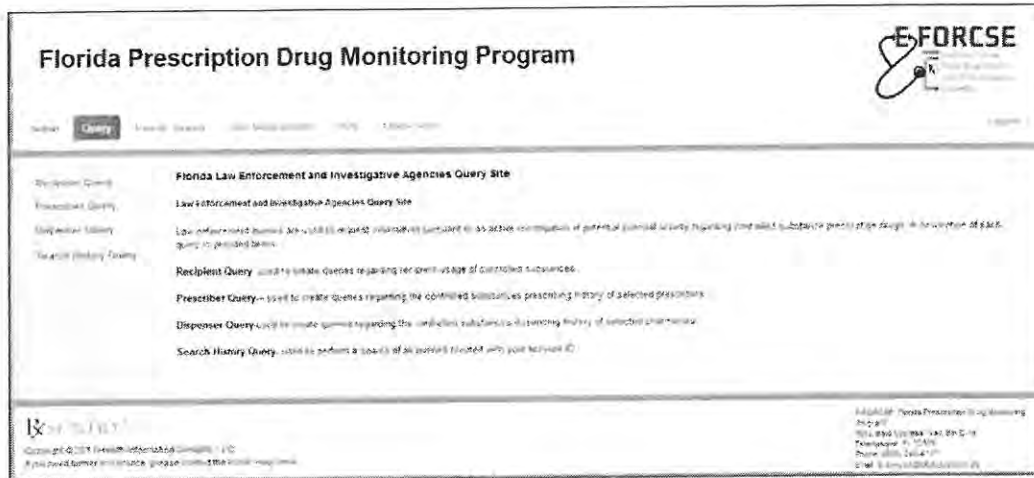
This function is used to create queries that will generate a report that contains controlled substance dispensing information for a specific patient.

Note: IPC’s and authorized users may only query information relating to the referred or participating person who has given authorization to access the information, and not any prescriber or dispenser.

Note: The Department of Health makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of the information in the database, and expressly disclaims liability for errors and omissions in the contents of the database. The records in the database are based on information submitted by pharmacies and dispensing health care practitioners. Records should be verified before any clinical decisions are made or actions are taken.

Perform the following steps to create a recipient query:

1. Log in to the E-FORCSE database. A window similar to the following is displayed:



2. Click **Recipient Query**.

A window similar to the following is displayed:

Florida PMP Liability Statement for Law Enforcement and Investigative Agencies Report Request

The Florida Department of Health (DOH) Prescription Drug Monitoring Program (PDMP) is charged with safeguarding and protecting the confidentiality of the prescription information of all Floridians by enforcing stricter standards than those set by the Health Insurance Portability and Accountability Act (HIPAA).

Certain investigative agencies, as defined in statute, are authorized to request information maintained in the database as a part of an active investigation. Prior to the release of information, the investigator must certify that the requested information is pertinent to an ongoing active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substances. The requestor must be registered as an authorized user and must complete the official request form and indicate the request complies with the law. The requests are then reviewed and approved or denied by program staff.

Prior to the release of any information, you must accept the conditions below before you may continue

I certify I have been authorized by my employer to request investigative reports from the State of Florida Prescription Drug Monitoring Program (PDMP database).

I certify the requested information is pursuant to an ongoing active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substance, as defined in section 893.055, Florida Statutes.

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).

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.

You MUST accept the above conditions before you can continue

3. Select the check boxes indicating that you understand and accept the terms and conditions; are authorized to request information from E-FORCSE; and are only requesting information related to the referred or participating person who has given authorization to access the information.

Notes:

- Without selecting the check boxes indicating that you understand and agree to the terms and conditions for accessing PDMP data, you will not be able to continue.
- You will be required to accept the terms and conditions each time you start a new session in the E-FORCSE database; however, you will not be required to accept the terms and conditions each time you create a query in that session.

The Recipient Query window is displayed as shown on the following page.

Requester Agency Information

POBP Account Id: [text]

Agency: [text]

* Your Case #: [text]

Requesting Officer: [text]

Request Date: 12/22/2014

* Telephone (123-156 7890x0000): [text]

Fax Number (ex: 234 555 1234): [text]

* Email: [text]

Information about the Subject that we MUST have to fulfill your request

Search Method: [dropdown]

* Last Name: [text]

* First Name: [text]

* Date of Birth: [text]

Within: [dropdown]

Sex: [dropdown]

Alias #1

Last Name: [text]

First Name: [text]

Date of Birth: [text]

Alias #2

Last Name: [text]

First Name: [text]

Date of Birth: [text]

Alias #3

Last Name: [text]

First Name: [text]

Date of Birth: [text]

* Dispensed Start Date: 12/22/2014

* Dispensed End Date: 12/22/2014

County Selection: [dropdown]

Zipcode: [text]

Attach Documentation: [checkbox] File upload
 *JPG upload and PDF is the only file extension that is allowed

Purpose: [dropdown]

Other Purpose: [text]

SSN: [text]

DL # (with State Abbrev): [text]

Health Insurance Card Id: [text]

* Primary Address:

* City: [text]

Other Address 1:

City: [text]


Other Address 2:

City: [text]

*Required Field
 All required fields must be filled in however for the best search results fill in as many fields as possible

Choose Report Type: *PDF CSV Web (with mapping)

4. Complete the information on the request window, using the field descriptions in the following table as a guideline. Note the required fields, which are marked with an asterisk (*); if these fields are not populated, a list of the fields that must be populated before the query can be submitted is displayed.

Field Name	Usage
Requestor Agency Information	
PDMP Account ID	This field is auto-populated with your E-FORCSE user name.
Agency	This field is auto-populated with the agency with which you are associated.
Case #/Pnumber	(Required) Type the reference number used by your agency to identify this case.
Authorized User	This field is auto-populated with your name.
Request Date	This field is auto-populated with the current date.
Telephone	(Required) This field is auto-populated with the phone number E-FORCSE has on file for you; however, you may edit the number, if necessary.
Fax	Type your fax number.
Email	(Required) This field is auto-populated with the e-mail address E-FORCSE has on file for you; however, you may edit the e-mail address, if necessary.
Information about the Subject that we MUST have to fulfill your report request	
Search Method	Select one of the following search methods: <ul style="list-style-type: none"> ▪ Begins With – Allows you to search by the first few letters of the recipient’s last and first names. ▪ Sounds Like – Allows you to search by a name, and the system will find names that sound similar to the one you entered.
Last Name	(Required) Type the recipient’s last name.
First Name	(Required) Type the recipient’s first name.
Date of Birth	(Required) Type the recipient’s date of birth using the <i>mm/dd/yyyy</i> format, or click the calendar icon () to select a date from the calendar.
Within	Used in conjunction with the Date of Birth field to specify a time range within which to match the date of birth. Click the down arrow to select a value.
Sex	Click the down arrow and select the gender of the recipients to include in your search.

Field Name	Usage
Alias #1 Information Alias #2 Information Alias #3 Information	If an alias exists, you may enter it in these fields to include the alias name in your query. In the Date of Birth field, type the alias's date of birth using the <i>mm/dd/yyyy</i> format, or click the calendar icon (☞) to select a date from the calendar.
Dispensed Start Date	(Required) Use this field to enter a specific start date for the dispensing timeframe, for example, <i>12/01/2014</i> ; Or You may click the calendar icon (☞) and select a specific start date from the calendar.
Dispensed End Date	(Required) Use this field to enter a specific end date for the dispensing timeframe, for example, <i>12/31/2014</i> ; Or You may click the calendar icon (☞) and select a specific end date from the calendar. Note: Dispensers are required to report every seven (7) days; query results contain the most current information available in the database.
County Selection	(Required if the Date of Birth field is left blank) Narrow your search by selecting a specific county name, or select "Statewide" to produce a wider range of results.
Zipcode (blank for any)	(Required if the Date of Birth field is left blank) Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Attach Documentation	(Required) Click Browse to select the file you would like to attach to your request, and then click OK to attach your documentation to your query request. Note: Your documentation will only be uploaded if the file has a .pdf extension and is under 10 MB.
Purpose	(Required) Click the down arrow and select the purpose of this query request. If you do not see a purpose that accurately describes the reason for your query request, select Other and then type the purpose in the Other Purpose field. IPC Users should select "Other" as the purpose.
Other Purpose	If you selected Other in the Purpose field, type the purpose of your query request in this field. IPC Users should enter "Request pursuant to attached Authorization for Impaired Practitioner Consultant Access Form."
SSN	If known, type the subject's social security number, using the format <i>111-22-3333</i> .
DL# (with State Abbrev.)	If known, type the subject's driver's license number, prefaced with the two-letter state abbreviation.

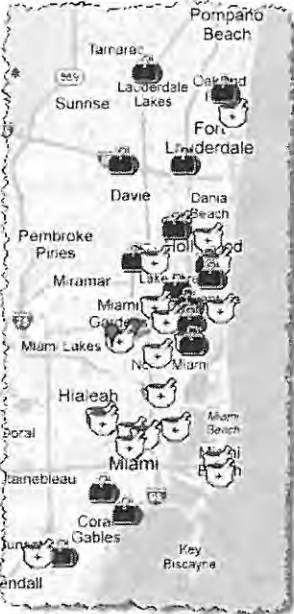
Field Name	Usage
Health Insurance Card ID	If known, type the subject's health insurance card ID number.
Primary Address	(Required) – Type the subject's primary address.
City	(Required) – Type the name of the city in which the subject resides.
Other Address 1 City Other Address 2 City	Type a street address and city in these fields to include in your query any other addresses at which the subject may reside.
Agency Administrator	(Required) Click the down arrow to select "Impaired Practitioner Consultant."
Choose Report Type	
PDF	Select this option to print the query results to a PDF file.
CSV	Select this option to generate a comma delimited text file.
Web (with Mapping)	<p>Select this option to display the results of your query on a Web page. From the Web page, you may click Map Results to view the actual location of each prescriber and pharmacy listed on the report:</p>  <p>The pin represents the recipient's location; the doctor's bag represents the prescribers' locations; and the mortar and pestles represent the pharmacies' locations.</p> <p>Note: Click a symbol for more information about that recipient, prescriber, or pharmacy.</p>

Table 1 – Recipient Query Request Window Field Descriptions

- Once all criteria have been entered or selected, click **Next**.

A window similar to the following is displayed:

Enforcement and Investigative Agencies Report Request
 Your request has been submitted for review by the E_FORCSE staff. Once your request is approved, you will receive an email notification and your report results will be available in your report queue. If your request is denied, your notification will include the reason for denial. If you have any administrative or policy questions regarding the PDMP, including questions about request denials, please contact E-FORCSE at 1-850-245-4797 or e-forcse@doh.state.fl.us
 REQUEST NUMBER: 367
 Use menu entry Report Queue to see your results.

Requestor Information

PDMP Account Id: [REDACTED]	Agency: [REDACTED]	*Your Case #: 12345
Requesting Officer: [REDACTED]	Request Date: 11/25/14	*Telephone: 111-111-1111
Fax: [REDACTED]		
Email: [REDACTED]		

Subject Information

***We MUST have this information to fulfill your report request**

Search Method: Begins with	Alias #1 Name:
*Last: [REDACTED]	Last:
*First: [REDACTED]	First:
*Born on: [REDACTED]	Born:
Within: 2 Years	Alias #2 Name:
Sex: [REDACTED]	Last:
*Dispensed Timeframe From: 01/01/12	First:
Dispensed Timeframe To: 11/25/14	Born:
County Selection: [REDACTED]	Alias #3 Name:
Zipcode: [REDACTED]	Last:
First: [REDACTED]	Born:
Documentation: Test Suo poena.pdf	Purpose: An active investigation of potential criminal activity regarding prescribed controlled substances

Other(Purpose): DL#:	SSN
Primary Address: [REDACTED]	Health Insurance Card Id:
Other Address 1: [REDACTED]	City:
Other Address 2: [REDACTED]	City:

Your query request must be approved by E-FORCSE. Approval typically occurs within a seven (7)-day period after E-FORCSE receives the request. Once it is approved, your report/query will remain in the database for 14 days, after which time it will be automatically removed. You may check the **Report Queue** at any time to view the status of your submitted query. For more information, see Report Queue.

If your query does not produce any results, the approved query request report, available in your Report Queue, will provide suggestions for creating a successful query request. If you need additional assistance, contact E-FORCSE using the contact information supplied in the Assistance and Support chapter in this document.

Search History Query

This function allows you to view an audit trail of all queries performed using your user ID for a specified timeframe.

Perform the following steps to view this report:

1. Log in to the E-FORCSE database.

A window similar to the following is displayed:

The screenshot shows the 'Florida Prescription Drug Monitoring Program' web application. The main navigation bar includes 'Home', 'Query', 'Reports/Queries', 'User Management', 'Help', and 'About E-Forcse'. The 'Query' menu is expanded, showing options: 'Investigator Query', 'Physician Query', 'Dispenser Query', and 'Search History Query'. The 'Search History Query' option is highlighted. Below the menu, there are descriptions for other query types: 'Florida Law Enforcement and Investigative Agencies Query Site', 'Law Enforcement and Investigative Agencies Query Site', 'Recipien Query', 'Prescriber Query', 'Dispenser Query', and 'Search History Query'. The footer contains copyright information for Health Information Designs, LLC and contact details for the Florida Department of Health.

2. Click **Search History Query**.

The Search History window is displayed as shown on the following page.

The screenshot shows the 'Search History Query' form. The 'User ID(s):' field is populated with 'robbyn.weaver.je - robyn.weaver.je EAT2345'. Below this field are two date pickers: 'Audit Start Date : 12/22/2014 mm/dd/yyyy' and 'Audit End Date : 12/22/2014 mm/dd/yyyy'. A 'Submit' button is located at the bottom right of the form.

3. Your account is displayed in the **User ID** field.

If you are an authorized user appointed by an IPC, your user ID is the only available option in the **User ID** field. Continue to step 5.

- The **Audit Start Date** and **Audit End Date** fields are automatically populated with the current date. If you are using the current date to generate your report, you may continue to the next step;

Or

You may change the **Audit Start Date** and **Audit End Date** by typing the desired dates or by clicking the calendar icon (☞) and selecting a date from the calendar.

- Click **Submit**.

Your report results are displayed as shown on the following page.

Search History Query							
User ID(s): robyn.weaver.le Audit Start Date: 11/25/14 Audit End Date: 11/25/14							
Seq #	Date	ID	SourceType	By	Detail	Network	Addr
34536594	11/25/14		Q	A	phnysasst - robyn.weaver.le	Audit Query 738 Online (details)	10.80.0.15
34536692	11/25/14		Q	A	pdlawantrpharm - robyn.weaver.le	Ad Hoc LE Query Pharmacy Request 737 (details)	10.80.0.15
34536690	11/25/14		Q	A	pdlawantrpsrb - robyn.weaver.le	Ad Hoc LE Query Prescriber Request 736 (details)	10.80.0.15
34536696	11/25/14		Q	A	pdlawantr - robyn.weaver.le	Ad Hoc LE Query Request 767 (details)	10.80.0.15
34536573	11/25/14	robyn.weaver.le	DB	A	pmqupdateuserpref - name, userpref_pt_dob, userpref_pt_addr1, userpref_pt_addr2, userpref_pt_city, userpref_pt_zip, userpref_pt_email_address, userpref_phone-number, userpref_pt_fax-number, userpref_pt_cell-number, userpref_code-word-question, userpref-user-code-word, userpref_pt_state From To	Change User robyn.weaver.le changed by robyn.weaver.le-changes userpref userpref-	10.80.0.15
34536672	11/25/14	robyn.weaver.le	DB	A	pmqupdateuserpref - Set Single Field Value	Change pdm userpref PT_email_address From	10.80.0.15

- From this window, you may click the **details** link next to a query to view the details of that query.

Report Queue

The Report Queue allows you to check the status of a submitted query and view your reports once they have been approved. The **Status** column on the **Report Queue** window displays one of the following query statuses:

- New** – the query has been submitted and is awaiting review.
- Approved/Done** – the query has been approved and processed, and is available for viewing.
- Denied** – the query request was denied, and the reason for denial is provided.

Perform the following steps to view the status of a query or several queries:

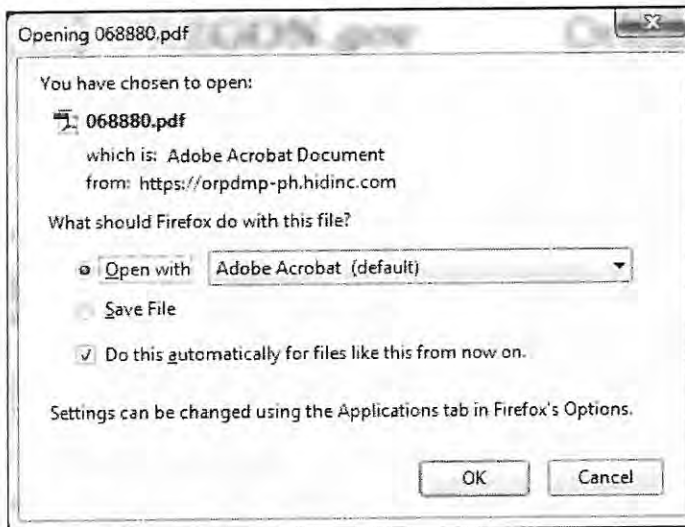
- Log in to the E-FORCSE database.
- Click **Report Queue**.

A window similar to the following is displayed:

Query Number Job Sequence ID	Request Date	Query Status/ Job Status	Report Description or Denial Reason	Output
117 PFF	01/21/14	Approved / Done	Recipient Report Dispensed From 01/21/2012 to 01/21/2014 3 out of 11 Recipients Selected SMTH - DOB SMTH - DOB	PDF
116 PFF	01/21/14	Approved / Done	Recipient Report Dispensed From 01/21/2012 to 01/21/2014 ID: Rbysr_ID DCA	PDF
115 PFF	01/21/14	Approved / Done	Recipient Report Dispensed From 01/21/2012 to 01/21/2014 1 out of 1 Recipients Selected DVC - DOB	PDF

- If the report is ready for viewing, the **Job Sequence ID** column contains a hyperlink to the report. Click the hyperlink for the desired report.

A window similar to the following is displayed:



- Perform one of the following actions:
 - Select **Open with** and select the program you would like to use to open the report for viewing.
 - Select **Save File** to save the report to a specific location for viewing at a later time.
- Click **OK**, or click **Cancel** to return to the previous window.

Notes:

- By default, queries are available for viewing only by the user who submitted the query request.
- The **Payment Type** column identifies the method of payment used for the prescription. The classification codes are as follows:
 - 01 Private Pay
 - 02 Medicaid
 - 03 Medicare
 - 04 Commercial Insurance
 - 05 Military Installations and VA
 - 06 Workers' Compensation
 - 07 Indian Nations

- o 99 Other

If you print the query, protect patient confidentiality by filing or destroying the document after it has been reviewed. Be sure to follow your facility's protocols and policies regarding the destruction of confidential records.

Disclosure of Confidential Information

Information in the E-FORCSE® database relating to referred and participating persons accessed by impaired practitioner consultants and authorized users is confidential and exempt and shall not be disclosed or transmitted to any other person, program or entity. To prevent inadvertent disclosure the information should not be included in the referred or participating person's impaired practitioner program file, downloaded, or printed.

Unauthorized Access or Requests

It is unlawful to access or request information for a prohibited purpose. If the program manager becomes aware of an alleged failure to comply with section 893.0551(5)(h), F.S., by an authorized user of an IPC, the program manager, within one (1) business day of discovery, shall suspend the access of the authorized user and notify the IPC of the suspension.

The IPC shall investigate the alleged failure and report the findings to the program manager within 10 days of notification of suspension. The program manager shall determine whether the authorized user's access should be reinstated. Prior to reinstatement, the authorized user must submit proof of completion of the Information Security and Privacy Training Course for Designees within the last 30 days.

If the alleged compliance failure was in violation of section 893.0551(5), F.S., the program manager shall, within one (1) business day of discovery, notify the U.S. Department of Health and Human Services within five (5) days of discovery of the alleged compliance failure.

7 User Management

About this Chapter

This chapter explains how to update your PDMP user profile and change your system password.

Update User Profile

This function allows you to update the information the FL PDMP has on file for you, as needed.

Perform the following steps to update your PDMP profile:

1. Log in to the E-FORCSE database.
2. Click **User Management**.

A window similar to the following is displayed:




3. Click **Update User Profile**.

The Update User Profile window is displayed as shown on the following page.

Update User Profile

Note: Fields marked with * are required.

* Name (First and Last) : Robyn Weaver

* Date of Birth : 
mm/dd/yyyy

* Address : 391 Industry Drive
:

* City : Auburn

* Zip : 36832

* Email Address :

* Verify Email Address :

* Phone Number (ex. 111-111-1111
123-456-7890x0000) :

Fax Number (ex: 234-555-1234) :

Cell Number (ex: 2345551234) :

* Security Question : What was your high school mascot? ▼

* Security Question Answer :

* State : Alabama ▼

4. Update your information, as necessary, noting that required fields are marked with an asterisk (*).
 5. Click **Update**.
- A message displays confirming that your record has been updated.

Change Password

This function allows you to change your E-FORCSE password, as needed.

Perform the following steps to change your password:

1. Log in to the E-FORCSE database.
2. Click **User Management**.

A window similar to the following is displayed:

The screenshot shows the 'Florida Prescription Drug Monitoring Program' user management interface. At the top right is the E-FORCSE logo. Below the title bar is a navigation menu with 'Home', 'Query', 'Report Queue', 'User Management' (highlighted), 'Help', and 'Quick Links'. A 'Logout' link is in the top right corner. The main content area lists several user management options: 'Update User Profile', 'Change Password', 'Authorize User', 'Deauthorize', 'Authorize User', and 'Appointment'. At the bottom left is the 'RESINTRY' logo and copyright information for Health Information Designs, LLC. At the bottom right is contact information for E-FORCSE, including the address (4052 Bald Cypress Way, Bin C-15, Tallahassee, FL 32399), phone number (850) 245-4797, and email address (E-forcse@flhhs.com).

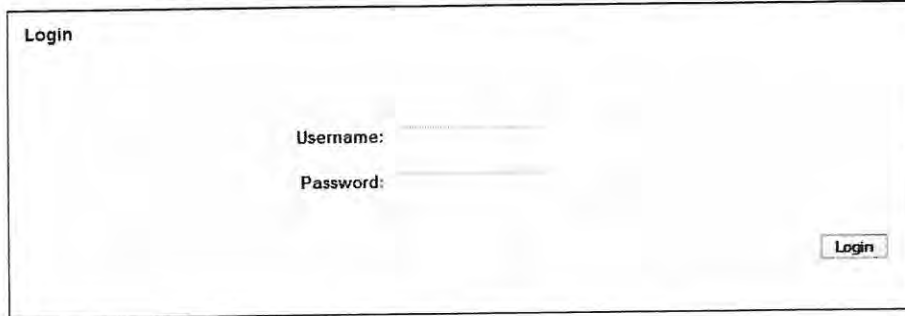
3. Click **Change Password**.

A window similar to the following is displayed:

The screenshot shows the 'Change Password' form. It lists password requirements: 1 uppercase letter (e.g., A-Z), 1 lowercase letter (e.g., a-z), 1 digit (e.g., 0-9), must be at least 8 characters in length, and must not contain special characters (~ ! @ # \$ % ^ & * () - _ + { } : " ' . < > / ?). Below the requirements are three input fields labeled 'Current Password:', 'New Password:', and 'Confirm New Password:'. A 'Submit' button is located at the bottom right of the form.

4. Type your current password in the **Current Password** field.
5. Type your new password in the **New Password** field, using the information displayed on this window as a password selection guideline.

6. Type your new password again in the **Confirm New Password** field.
7. Click **Submit**. A message displays indicating that your password was accepted and that you are required to log in using your new password.
8. Click any function, such as **Query**. A window similar to the following is displayed:



The screenshot shows a rectangular window titled "Login". Inside the window, there are two text input fields. The first is labeled "Username:" and the second is labeled "Password:". To the right of the "Password:" field is a small rectangular button with the text "Login" on it.

9. Enter your user name and new password, and then click **Login**.

8 Assistance and Support

Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact HID at flpdmp-info@hidinc.com;

Or

Call the HID Help Desk at 877-719-3120.

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

9 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 2 – 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 3 – Document Change Log

Copyright and Trademarks

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391 Industry Drive
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Fax: 866.664.9189
Website: www.hidesigns.com

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 a referral to or a participant under contract with an impaired practitioner 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 Consultant to request and receive information on behalf 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. In the event of disclosure of confidential 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 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.
5. 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. To prevent inadvertent release or disclosure of the confidential and exempt information in the database, pharmacists, prescribers and dispensers should avoid downloading and printing information from the database. 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. Access to the Information provided will be protected in such a way that unauthorized persons cannot review or retrieve the Information.
- C. 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.
- D. 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
Telephone Number		Email Address		
<p>____ (Initial) 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.</p> <p>____ (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.</p> <p>____ (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).</p>				
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	PDMP Staff Signature		Date of Action
	<input type="checkbox"/> Denied			

DH8022-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

DH8023-PDMP-07/2016
Rule 64K-1.003, F.A.C.

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 DH8021PDMP, effective June 2016** 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: