

Training Guide for Enforcement and Investigative Agencies

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.

Section 893.055, Florida Statutes (F.S.), requires healthcare practitioners to report to E-FORCSE each time a controlled substance is dispensed to an individual. This information is to be reported through the electronic system as soon as possible but no later than close of business the day after dispensing. This reporting timeframe ensures that healthcare practitioners have the most up-to-date information available.

Section 893.0551(3)(f), F.S., provides that a law enforcement agency that has entered into a user agreement with the Department may request confidential controlled substance dispensing information from the database during active investigations regarding potential criminal activity, fraud, or theft involving prescribed controlled substances. In addition, Department of Health Investigative Services Unit, the Attorney General's Medicaid Fraud Unit, district medical examiners, and impaired practitioner consultants may request information from the database to aid in the investigation of cases involving controlled substances.

Section 893.055(1)(a), F.S., defines an active investigation as an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.

In order to request confidential information from the program manager, the agency head or designee of an agency identified in section 893.0551(3)(d)-(h), F.S., shall:

1. Enter into a user agreement with the Department using the Prescription Drug Monitoring Program Memorandum of Understanding ([Appendix 1](#)); and
2. Identify to the Program manager one agency administrator using the Agency Administrator Appointment Form ([Appendix 2](#)).

The Agency Administrator shall appoint authorized users to request and receive confidential information on behalf of the agency using the Agency Authorized User Appointment Form ([Appendix 3](#)). Authorized users must complete the E-FORCSE Information Security and Privacy Training Course, available at <http://www.e-forcse.com/law-enforcement-information/index.html>, prior to registration. E-FORCSE will comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (ePHI), and all other relevant state and federal privacy and security laws and regulations.

2 Document Overview

Purpose and Contents

This guide is intended for use by all enforcement and investigative agencies in the State of Florida who request confidential controlled substance dispensing information from the program manager during active investigations regarding potential criminal activity, fraud, or theft involving prescribed controlled substances.

For the purposes of this guide, an **active investigation** means an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.

3 Agency Responsibilities

User Agreement

In order to request confidential information from the program manager, the agency head or designee of an agency identified in section 893.0551(3)(d)-(h), F.S., must enter into a user agreement with the Department. The user agreement outlines the terms, conditions, and limitations associated with using PMPAWARxE to request information pursuant to an active investigation as authorized by section 893.0551, F.S., from the program manager. To obtain a copy of the User Agreement, shown in [Appendix 1](#), please go to www.e-forcse.com/law_enforcement_investigative_agencies/index.html.

Agency Administrator Appointment

The agency head or designee shall identify to the E-FORCSE program manager one agency administrator. Effective January 15, agency administrator appointments are made by submitting an Agency Administrator Appointment Form, DH8010-PDMP, to the program manager or support staff. To obtain a copy of the form, shown in [Appendix 2](#), go to www.e-forcse.com/law_enforcement_investigative_agencies. The [Authorized User Appointment](#) topic in this document provides the steps that must be taken to appoint an agency administrator.

The agency head or designee shall notify the program manager of changes to the agency administrator immediately, and authority to request and receive information from the program manager shall be suspended during an agency administrator vacancy.

Training

The agency head or designee shall ensure the agency complies with the user agreement, this *Training Guide for Law Enforcement and Investigative Agencies*, E-FORCSE Information Security and Privacy Training Course, and the laws and rules governing the access, use, and dissemination of Information received.

Safeguarding Information

All information disseminated from the PDMP 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 Agency'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 another law enforcement agency, 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 received by an Agency should only be retained until the investigation or prosecution is complete and will thereafter be destroyed.

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 agency 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, 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 Administrator Responsibilities

The agency administrator shall be responsible for ensuring the Agency's compliance with the user agreement and the laws and rules governing the access, use, and dissemination of information received.

Authorized User Appointment

The agency administrator shall appoint authorized users to request and receive information on behalf of the agency. Effective January 2015, appointments are made by submitting an Agency Authorized User Appointment Form, DH8011-PDMP (Appendix 3), which is located at www.e-forcse.com/law_enforcement_investigative_agencies, to the program manager or support staff. The *Authorized User Appointment* topic in this document provides the steps that must be taken to appoint an authorized user.

The agency administrator shall notify the program manager of authorized user changes and shall annually verify the list of authorized users on or before June 30. Additionally, the agency administrator shall conduct quarterly quality control review of user access permissions to ensure all current users are appropriately authorized.

Training

The agency administrator shall ensure the following training is completed prior to authorized - user registration:

1. Prior to appointment, authorized users must review and demonstrate completion of this *Training Guide for Enforcement and Investigative Agencies*, DH8012-PDMP, effective January 2015, which is located at www.e-forcse.com/law_enforcement_investigative_agencies.
2. Prior to appointment, authorized users must demonstrate completion of the E-FORCSE Information Security and Privacy Training Course, effective January 2015, which is located at http://www.e-forcse.com/law_enforcement_investigative_agencies.

The agency administrator shall ensure all that authorized users have actual knowledge of an active investigation prior to submitting a request.

Compliance

The agency administrator shall monitor requests made by authorized users of the agency by reviewing their Requests History queue in PMP AWARxE.

Case Disposition

An update on the disposition of the case for which the information was requested must be submitted quarterly, in accordance with procedures established by Department rule.

5 Authorized User Responsibilities

Training

1. Prior to registration, authorized users must review and demonstrate completion of this *Training Guide for Enforcement and Investigative Agencies*, DH8012-PDMP, effective January 2015, which is located at http://www.e-forcse.com/law_enforcement_investigative_agencies.
2. Authorized users must demonstrate completion of the E-FORCSE Information Security and Privacy Training Course, effective January 2015, which located at http://www.e-forcse.com/law_enforcement_investigative_agencies.

Safeguarding Information

Authorized users shall protect and maintain the confidentiality and security of the information received in accordance with the user agreement and applicable state and federal laws. Authorized users must attest that the request for information is predicated on and related to an active investigation.

Prior to an authorized user disclosing information received from the program manager or support staff to a criminal justice agency, as authorized by section 893.0551(4), F.S., the authorized user must redact all information that is not the subject of the investigation.

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. It is the Agency'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 another law enforcement agency, 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 received by an Agency should only be retained until the investigation or prosecution is complete and will thereafter be destroyed.

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.

6 Assistance and 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

7 Document Information

Version History

The Version History records the publication history of this document.

Publication Date	Version Number	Comments
7/1/2018	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



AGENCY USER AGREEMENT between Prescription Drug Monitoring Program and

This Agency User Agreement (Agreement) is made and entered into by and between _____ hereinafter referred to as the Agency 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, local, state, and federal law enforcement, the Department or its relevant health care regulatory boards, and the Attorney General for Medicaid fraud cases may request controlled substance prescription dispensing information (Information) from the Prescription Drug Monitoring Program (PDMP). A law enforcement agency may request Information for an active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substances. The Department or its relevant health care regulatory boards may request Information for the licensure, regulation or discipline of health care practitioners who are involved in a specific controlled substance investigation involving a designated person for one or more prescribed controlled substances. The Attorney General and his or her designee may request Information when working on Medicaid fraud cases involving prescription drugs or when the Attorney General has initiated a review of specific identifiers of Medicaid fraud regarding prescription drugs. This Agreement sets forth the legal authority; agency head or designee, administrator and authorized user responsibilities; information safeguarding requirements; compliance and control measures and performance standards.

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. Agency Head or Designee Responsibilities:
 - 1. Designate an individual from its Agency to function as the Agency Administrator and point of contact.
 - 2. Notify the PDMP Program Manager of changes to the Agency Administrator immediately. Authority to request and receive Information from the Program Manager shall be suspended during an Agency Administrator vacancy.
 - 3. Ensure the Agency complies with this Agreement, the Training Guide for Law Enforcement and Investigative Agencies, 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. Agency Administrator Responsibilities:
 - 1. Designate authorized users who may request Information on behalf of the Agency during the course of an active investigation regarding prescribed controlled substances.

2. Immediately update user access permissions upon separation or reassignment of users and immediately update user access permissions upon discovery of negligent, improper, or unauthorized use or dissemination of information.
 3. Conduct quarterly quality control review of user access permissions, to ensure all current users are appropriately authorized.
 4. Submit a list of authorized users to the Department annually on or before June 30.
 5. Ensure the following training is completed prior to authorized user registration:
 - a. The Training Guide for Enforcement and Investigative Agencies; and
 - b. E-FORCSE Information Security and Privacy Training Course.
 6. Ensure all authorized users have knowledge and proof of an active investigation prior to submitting a request.
 7. Immediately report any findings of noncompliance to the Program Manager.
 8. Submit an update on the disposition of the case for which the Information was requested, quarterly, in accordance with procedures established by Department rule.
- C. Authorized User Responsibilities:
1. Review the Training Guide for Enforcement and Investigative Agencies prior to registration.
 2. Complete the E-FORCSE Information Security and Privacy Training Course prior to registration.
 3. Protect and maintain the confidentiality and security of the Information received in accordance with this Agreement and applicable state and federal laws.
 4. Attest that the request for Information is predicated on and related to an active investigation.
- D. Department Responsibilities:
1. Operate and maintain the electronic database.
 2. Maintain official copy of this Agreement.
 3. Ensure/monitor compliance with this Agreement.
 4. Review and approve requests for Information timely.
 5. Notify the Agency Administrator each time a request for Information is made by an authorized user of the Agency.

IV. Safeguarding Information

The Agency 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 only be disclosed to persons to whom disclosure is authorized under Florida law. Authorized users are prohibited from requesting Information on behalf of another law enforcement agency or entity. 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 law enforcement agency, 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. All authorized users under the terms of this Agreement will be instructed of, and acknowledge their understanding of, the confidential nature of the Information. These acknowledgements must be maintained in a current status by the Agency.
- E. All authorized users will be instructed of, and acknowledge their understanding of, the criminal sanctions specified in state law for unauthorized use of the Information. These acknowledgements must be maintained in a current status by the Agency.
- F. All Information must be monitored on an on-going basis by the Agency. In addition, the Agency must complete an annual audit to ensure proper and authorized use and dissemination.
- G. By signing the Agreement, the representatives of the Department and Agency, 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 an Agency, entity, or individual will be labeled "CONFIDENTIAL: This information obtained from E-FORCSE contains confidential controlled substance prescription dispensing information."
- C. It is Agency's duty and responsibility to maintain the confidential and exempt status of any Information received from the PDMP.
- D. Prior to an authorized user disclosing Information received from the Program Manager or support staff to a criminal justice agency, as authorized by section 893.0551(4), Florida Statutes, the authorized user should redact all Information that is not the subject of the investigation.
- E. Information received by an Agency should only be retained until the investigation or prosecution is complete and will thereafter be destroyed.

VI. Compliance and Control Measures

- A. Internal Control Attestation. This Agreement is contingent upon the Agency having appropriate internal controls over the Information used by the Agency to protect the Information from unauthorized access, distribution, use, modification, or disclosure. The Agency shall have an auditable, continuous chain of custody record of the transfer of confidential and exempt Information. An audit trail shall be maintained by the Agency to provide accountability for all confidential and exempt Information received by authorized users.

Upon request from the Department, the Agency Administrator 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 Agency indicating compliance with the requirements of this Agreement, on or before June 30 each year.
- C. Misuse of Confidential Protected Health Information. The Agency 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 Agency for failure to comply with the performance standard requirements set forth below. Failure by the Agency to meet the established minimum performance standards may result in the Department finding the Agency 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 Agency is out of compliance with any of the provisions of this Agreement, the Department may require the Agency to submit a CAP within a specified timeframe. The CAP will provide an opportunity for the Agency 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 Agency of the occurrence in writing. The Department will provide the Agency with a timeframe for corrections.
 3. The Agency will respond by providing a CAP to the Department within the timeframe specified by the Department.
 4. The Agency 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 Agency does not meet the standards established in the CAP within the agreed upon timeframe, the Agency 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 authorized users of the Agency, the Program Manager, within one business day of discovery, shall suspend the access of the authorized user and notify the Agency Administrator of the suspension. The Agency Administrator shall investigate the alleged compliance failure and report the findings to the Program Manager. 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 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.
- C. Records should be verified with the entity that reported the Information before any law enforcement actions are taken.

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.

Agency Name	
Agency Head 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: Agency Administrator 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

Agency Administrator Appointment Form

In accordance with section 893.055, Florida Statutes (F.S.), local, state, and federal law enforcement agencies engaged in an active investigation regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances, may request controlled substance prescription dispensing information (Information) made confidential and exempt pursuant to section 893.0551, F.S. Please complete the fields below to identify an Administrator to appoint authorized users to request and receive Information on behalf of the law enforcement agency. Please use this form to communicate any changes in E-FORCSE Administrator status.

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.			
Agency E-FORCSE Administrator Applicant Information		<input type="checkbox"/> New Appointment	<input type="checkbox"/> Remove Appointment
Agency Name		<input type="checkbox"/> Yes, I work in an undercover status at my agency and assert public record exemption in s. 119.071(4), F.S. <input type="checkbox"/> No, I do not work in an undercover status.	
Name	Title	Employee ID Number	
Telephone Number		Email Address	
____ (Initial) I affirm that all information on this form is true and that all appointments of authorized users will be made on behalf of this agency.			
____ (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).			
____ (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.			
Signature:		Date:	
(Format for electronic signature: //John F. Doe//)			
Agency Head or Designee Information			
Name		Title	
Phone Number		Email Address	
I affirm all information on this form is correct and that the individual above represents this agency and is authorized to appoint other individuals as authorized users to request and receive Information from E-FORCSE on behalf of this agency. 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).			
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

Appendix 3: Agency 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

Agency Authorized User Appointment Form

In accordance with section 893.055, Florida Statutes (F.S.), local, state, and federal law enforcement, health care regulatory boards, and the Attorney General for Medicaid Fraud, engaged in the administration, investigation, or enforcement of the laws governing scheduled controlled substances may request controlled substance prescription dispensing information (Information) pursuant to an active investigation under section 893.0551, F.S., and amendments thereto. By completing this form, you authorize the individual below to request and receive Information from the Prescription Drug Monitoring Program (PDMP) on behalf of the agency. Please use this form to communicate any changes in E-FORCSE Agency Authorized User status.

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.			
Agency Authorized User Applicant Information		<input type="checkbox"/> New Appointment	<input type="checkbox"/> Remove Appointment
Agency Name		<input type="checkbox"/> Yes, I work in an undercover status at my agency and assert public record exemption in s. 119.071(4), F.S. <input type="checkbox"/> No, I do not work in an undercover status.	
Name	Title	Employee ID Number	
Telephone Number		Email Address	
____ (Initial) I affirm that all information on this form is true and that I have read the Training Guide for Law Enforcement and Investigative Agencies and completed the Florida Department of Health's PDMP Information Security and Privacy Training Course. I certify that all requests made pursuant to approval of this appointment will be 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.			
____ (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).			
____ (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.			
Signature:		Date:	
(Format for electronic signature: //John F. Doe//)			
Agency E-FORCSE Administrator Information			
Name		Title	
Telephone Number		Email Address	
I affirm that the individual above represents this agency and is authorized to request Information from E-FORCSE on behalf of this agency during the course of an active investigation.			
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

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(4)(d), Florida Administrative Code, Accessing the Database, requires the ***Training Guide for Enforcement and Investigative Agencies DH8012-PDMP, effective June 2016*** to be reviewed by authorized users prior to appointment. This form is part of the required documentation that agency administrators and agency authorized users must complete in order to request information from the E-FORCSE database during the course of an active investigation involving prescribed controlled substances.

Please sign and return the completed form to agency administrator.

Name	Title	Employee ID Number
Agency Name		
Telephone Number	Email Address	
I certify that I have read and understand the information contained in the Training Guide for Enforcement and Investigative Agencies.		
Signature:	Date:	