

LICENSING BOARD INVESTIGATOR REQUEST FOR INFORMATION

INSTRUCTIONS:

Investigators authorized by a healthcare licensing board may request information from the Montana Prescription Drug Registry (MPDR) for any active complaint and investigation of drug misuse or drug diversion by a licensed healthcare professional who is authorized to prescribe, administer, or dispense drugs (MCA 37-7-1506 (1) (d)).

To obtain a report from the MPDR, each investigator must:

1. Complete this Request Form / Confidentiality Agreement.
2. Submit the form and summary of the complaint-related investigation on-line through PMP AWAReE Insight Reports.

All reports will be delivered digitally through PMP AWAReE Insight Reports.

BOARD INVESTIGATOR INFORMATION:

Include your individual contact information in this section. The email address listed in this section will be used for all communications from the MPDR. Please print or type.

First Name: _____ Last Name: _____

Employer: _____

Business Mailing Address: _____

City, State, Zip: _____ State Employee ID #: _____

My Business Phone: _____ Business Fax: _____

My Business Email Address: _____

INFORMATION ABOUT THE COMPLAINT:

Include details about the complaint that was filed against a licensed healthcare worker. Please print or type.

Licensing Board: _____

Complaint Number: _____ Full License Number: _____

Licensee Name: _____

Date License Issued: _____ Expiration Date: _____ Licensee Birthdate: _____

This licensee is being investigated for: Drug Misuse Drug Diversion Other: _____

MPDR INFORMATION BEING REQUESTED:

List all search parameters to be used in the MPDR. Attach an additional page if needed. Please print or type.

Date range of data requested (maximum = 3 years): _____

Please provide a report of all Controlled Substance prescriptions written by the following prescriber:

Prescriber Name: _____ Prescriber DEA#: _____

Please provide a report of all Controlled Substance prescriptions obtained by the following patient:

Patient Full Name: _____ Patient Birthdate: _____

Please provide a report showing MPDR patient history searches conducted by the licensee under investigation.

Revised March 2021

TERMS OF USE AND CONFIDENTIALITY AGREEMENT:

Read and initial each of the following statements:

- Records obtained through this request are necessary for completion of the Board investigation of the complaint identified on this Request Form.
- I understand that I am responsible for the security and confidentiality of reports available to me and agree to use the reports only for the purpose of furthering the active investigation identified on this Request Form.
- I understand that information obtained from the MPDR can be shared with other active participants in this investigation and with members of the affected licensing board (MCA 37-7-1506 (1) (d)).
- I understand that information obtained from the MPDR cannot be introduced as evidence in any civil or administrative action, except in an investigation and disciplinary proceeding by the department or agency responsible for licensing, regulating, or disciplining licensed health care professionals who are authorized to prescribe, administer, or dispense prescription drugs (MCA 37-7-1506 (3) (b)).
- I agree not to disclose any data or protected health information to any unauthorized person or party.
- I agree not to misrepresent any information obtained from the MPDR.

I hereby attest that all information contained in this Request Form is accurate and complete. I understand the terms of access and confidentiality for the Montana Prescription Drug Registry (MPDR) and I will abide by these terms. Violation of any of the terms of this agreement may result in revocation of access to the MPDR, disciplinary action by my employer, and I may be liable for a civil penalty of up to \$10,000 for each violation (MCA 37-7-1513) in addition to other sanctions provided by law.

Signature: _____ Date: _____

Print Name: _____

FOR USE BY MPDR STAFF ONLY:

Processed By / Date: _____

Complaint Verified? Yes No License Verified? Yes No

Request Approved: Yes No Denial Reason: _____

Notes: