

**MONTANA PRESCRIPTION DRUG REGISTRY**  
**MONTANA BOARD OF PHARMACY, DEPARTMENT OF LABOR & INDUSTRY**  
P.O. Box 200513 (301 S. Park, 4<sup>th</sup> Floor – Delivery) Helena, MT 59620-0513  
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**FACILITY APPLICATION FOR MPDR DELEGATE ACCESS FACILITY MANAGEMENT**

**INSTRUCTIONS:** The purpose of this application is to enable medical facilities to sign up for Facility Management for the Authorized Users (Delegate) Access relationship process for the Montana Prescription Drug Registry (MPDR) program. The goal is to help streamline management of facility-based relationships between a Registered User (prescribers and pharmacists) and the individuals in which MPDR search authority is delegated.

- Complete all fields on this form and have each of the identified Facility Managers sign the form. The MPDR must receive the original paper version of this form (Department of Labor & Industry, BSD Policy # 3.1, Section V.C.1.).
- Submit the paper form with original signatures to the MPDR via postal mail at PO Box 200513, Helena, MT 59620-0513. The form may also be delivered to the MPDR in person at 301 S. Park Avenue, 4<sup>th</sup> Floor, Helena, MT. We cannot accept faxed or emailed copies of this form.
- The Facility Manager(s) identified below will be contacted by email when the MPDR Facility Record has been established, and that email will explain any further actions the Manager(s) should take.
- If email notification has not been received within 10 business days following MPDR receipt of this form, please check junk email folders for messages from [dlibsdpdr@mt.gov](mailto:dlibsdpdr@mt.gov) or [pdrassistance@egovmt.com](mailto:pdrassistance@egovmt.com).

**FACILITY INFORMATION (please print or type):**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Type of Facility (*check only one*):  Hospital  Pharmacy  Medical Clinic  Dental Clinic

Other (*please explain*): \_\_\_\_\_

# of Employees in This Facility: Prescribers and Pharmacists \_\_\_\_\_ Other Staff: \_\_\_\_\_

**FACILITY MANAGERS - Designate at least one and not more than two MPDR Registered Users to act as MPDR Facility Managers (please print or type):**

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email address: \_\_\_\_\_

MT License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email address: \_\_\_\_\_

MT License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**TERMS OF USE AND CONFIDENTIALITY AGREEMENT FOR ALL USERS (revised April 2016):**

- I understand that as a registered user of the Montana Prescription Drug Registry Program (MPDR) I am responsible for the security and confidentiality of patient history reports available to me. I agree to use the reports only for the purpose of providing care to my patients and patients referred to me for care.
- I understand that MPDR information is protected health information (PHI) and confidential.
- I understand that information obtained from the MPDR can be part of the patient's medical record and should be treated with the same confidentiality protection as I would treat any other patient's record.
- I agree not to disclose any data or PHI to any unauthorized person or party.
- I have completed the MPDR's online training program which includes information on privacy and security.
- I agree that I will not share my user account information, login name or password with any person, regardless of whether that person is also an authorized user of the MPDR.
- I understand that I must report any potential and/or identified misuse of MPDR searching or data to the MPDR program and/or the registered user's licensing board (37-7-1513(2), Mont. Code Ann. [MCA]).

**TERMS OF USE AND CONFIDENTIALITY AGREEMENT FOR SUPERVISING PROVIDERS:**

- I understand that I must report any potential and/or identified misuse of MPDR searching or data to the MPDR program and/or the registered user's licensing board (37-7-1513(2), MCA).
- If I am a licensed Pharmacist, I understand that my authorized agent (Delegate) must be a pharmacy intern or a certified pharmacy technician (Administrative Rules of Montana (ARM) 24-174-1701 (2)).
- I understand that I am accountable for my Delegate's use of the MPDR database and that a Delegate is only authorized to conduct searches on my patients or patients referred to me for care.
- I agree to monitor my Delegate's use of the MPDR, report misuse to the MPDR program, and terminate a Delegate relationship due to MPDR access no longer necessary, change in job/employment, misuse, and/or other issues.

**TERMS OF USE AND CONFIDENTIALITY AGREEMENT FOR MPDR FACILITY AND DEPARTMENT MANAGERS:**

- I have read and understand the Terms of Use for All Users and the Terms of Use for Supervising Providers.
- I have read and understand the responsibilities of being a Department Manager and/or Facility Manager of Montana Prescription Drug Registry (MPDR) authorized agents (Delegates) for the purposes of establishing, managing, and/or terminating Delegate and Supervisor relationships at my facility.
- I understand that I am responsible for ensuring that all Supervising Providers and Delegates have received and understand Delegate Access information/training on responsibilities, privacy, and security provisions.

By signing this form, I hereby attest that I understand the terms of access and confidentiality of the 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 may be taken by my licensing board, and I may be liable for a civil penalty of up to \$10,000 for each violation (37-7-1513, MCA) in addition to other sanctions provided by law.

**FACILITY MANAGER 1:**

**FACILITY MANAGER 2:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date