MONTANA PRESCRIPTION DRUG REGISTRY

MONTANA BOARD OF PHARMACY, DEPARTMENT OF LABOR & INDUSTRY
P.O. Box 200513 (301 S. Park, 4th Floor – Delivery) Helena, MT 59620-0513
Phone: (406) 841-2240 Fax: (406) 841-2344 TTD: (406) 444-0532
EMAIL: dlibsdmpdr@mt.gov WEBSITE: www.mpdr.mt.gov

MPDR DELEGATE ACCESS FACILITY MANAGEMENT CHANGE REQUEST

INSTRUCTIONS: Use this form only if you already have an established MPDR Facility Account.

Please type or print clearly.

- Complete all fields on this form and have each of the active Facility Managers identified below sign the form (Facility Managers who are being removed do not need to sign). 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, 4th 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 updated.
- 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 dlibsdmpdr@mt.gov or pdrassistance@egovmt.com.

TYPE OF CHANGE (*please check all that apply*):

___ Change Facility Name ___ Change of Address ___ Add or Remove MPDR Facility Manager

___ Close Account (all existing Supervisor/Delegate relationships associated with this facility will be deactivated)

___ Other (please explain): _____

PREVIOUS FACILITY INFORMATION (*all fields in this section must be completed*):

Facility Name: _____

Facility Address: _____

Facility Manager Names: _____

REVISED FACILITY INFORMATION (*only enter the information that you want to change):*

Facility Name: _____

Facility Address: _____

Remove this Facility Manager: _____

Add This New Facility Manager:

Name: _____ Phone#: _____

Email address: _____

MT License #: _____ Social Security #: _____

OTHER INFORMATION TO BE CHANGED:

_____

_____

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:

_____
Signature

_____
Printed Name

_____
Date

FACILITY MANAGER 2:

_____
Signature

_____
Printed Name

_____
Date