



health information  
*designs*

# Training Guide for Enforcement and Investigative Agencies

Florida Department of Health  
Prescription Drug Monitoring Program



March 2015

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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.

E-FORCSE has selected Health Information Designs, LLC (HID) to develop a database that will collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV. HID's RxSentry® is a web-based program that facilitates the collection, analysis, and reporting of information on the prescribing, dispensing, and use of controlled substance prescription drugs. RxSentry leads the industry in flexibility, functionality, and ease of use.

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 not more than seven (7) days after dispensing. This reporting timeframe ensures that healthcare practitioners have the most up-to-date information available.

Section 893.0551(3)(c), 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 and Medicaid Fraud Unit investigators may request information from the database to aide in the investigation of cases involving controlled substances.

Section 893.055(1)(h) 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)(a)-(c), 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.

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## 2 Document Overview

### Purpose and Contents

The *RxSentry Training Guide for Florida Enforcement and Investigative Agencies* serves as a step-by-step training guide for using RxSentry for querying purposes. It includes such topics as:

- Agency responsibilities
- Agency administrator responsibilities
- Authorized user responsibilities
- Requesting an account
- Creating recipient, prescriber, and pharmacy query requests
- Viewing query request status
- Generating reports

This guide has been customized to target the specific training needs of Florida law enforcement officers, Department of Health Investigative Services Unit investigators, and Medicaid Fraud Unit investigators. For the purposes of this training guide, the term “law enforcement officer” is used to reference the Department of Health Investigative Services Unit (DOH ISU) and Medicaid Fraud Unit investigators.

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.

### RxSentry Update

The RxSentry system recently underwent an extensive update designed to improve the user experience. The new user interface is more intuitive and visually pleasing, and also provides some new functionality.

Here are the most significant new features:

- Retrieve User Name – this function allows you to retrieve a forgotten user name.
- Retrieve Password – this function allows you to retrieve a forgotten password.
- Query Tab – this tab provides direct links to every query you are allowed to access.
- Search History Query – this function allows you to view an audit trail of all queries performed using your ID, including those performed by your appointed authorized user, for a specified timeframe.

- Report Queue Tab – this tab (previously the View Query Status link) allows you to view all of your available reports quickly.
- User Management Tab – this tab allows you to update your user profile information, change your password, and manage your authorized user accounts.
- Help Tab – this tab provides resources that may answer any questions you have about using RxSentry, such as creating a query. These resources include online help and an electronic version of the *Training Guide for Enforcement and Investigative Agencies*.
- Quick Links Tab – this tab provides links to websites that you may frequently access, such as the Florida Department of Health website.

As you will see, this guide has been restructured to correspond with the new interface. The table below provides a quick reference for existing topics in this guide that have been moved or changed:

If you are looking for...	It is now called...
LE Request Entry	The LE Request Entry function has been replaced with direct links to each query you are allowed to perform. Instead of clicking LE Request Entry and then clicking a check box for the prescriber or pharmacy query, the Query tab now contains a direct link to the Recipient Query, Prescriber Query, and Pharmacy Query.
View Query Status	The View Query Status function and the corresponding topic in this guide are now called Report Queue.

**Table 1 – New/changed topics**

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## 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)(a)-(c), F.S., must enter into a user agreement with the Department. The user agreement outlines the terms, conditions, and limitations associated with using RxSentry 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 <http://www.e-forcse.com/law-enforcement-information/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 [http://www.e-forcse.com/docs/LE\\_Admin\\_Appointment\\_Form\\_%20Final\\_Distributed.pdf](http://www.e-forcse.com/docs/LE_Admin_Appointment_Form_%20Final_Distributed.pdf). 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.

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## 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 <http://www.hidinc.com/flpdmp>, 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 [http://www.hidinc.com/assets/files/flpdms/FL%20PDMP\\_Training%20Guide%20for%20Enforcement%20and%20Investigative%20Agencies.pdf](http://www.hidinc.com/assets/files/flpdms/FL%20PDMP_Training%20Guide%20for%20Enforcement%20and%20Investigative%20Agencies.pdf).
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-information/index.html>.

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 be notified each time a request for information is made by an authorized user of the agency.

## 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.

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## 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.hidinc.com/assets/files/flpdms/FL%20PDMP\\_Training%20Guide%20for%20Enforcement%20and%20Investigative%20Agencies.pdf](http://www.hidinc.com/assets/files/flpdms/FL%20PDMP_Training%20Guide%20for%20Enforcement%20and%20Investigative%20Agencies.pdf).
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-information/index.html>.

### 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 Agency Administrator Registration

### About This Chapter

This chapter provides is used **only by Agency Administrators** and provides the steps you must follow to request and establish an RxSentry agency administrator account.

### Agency Administrator Registration

E-FORCSE grants agency administrator accounts to law enforcement agency personnel who have been appointed by their agency head. **DO NOT register until you receive confirmation of your appointment from E-FORCSE program staff.**

**Note:** Once your account request is approved, you 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:

1. Open an Internet browser window and type the following URL in the address bar:  
[www.hidinc.com/flpdmp](http://www.hidinc.com/flpdmp).
2. Click the **Enforcement and Investigative Agencies** 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 the **Administrator Registration Site** link. A login window is displayed.
5. Type *newacct* in the **User Name** field.
6. Type *welcome* in the **Password** field.

7. Click **OK**.
8. Select the applicable form for your agency type:
  - Enforcement Agency Access Request Form (i.e., law enforcement agencies, Medicaid Fraud Unit investigators)
  - Department of Health Investigative Services Unit Request Form
9. Click **Submit**.

Based on the user type selected, the appropriate Access Request Form is displayed. In the following example, the user selected the Enforcement Agency Access Request Form:



*Enforcement Agency Access Request Form for the E-FORCSE Database*

\* Required information

Note: Once your account request is approved, you will receive e-mails from [fpdmp-info@hidinc.com](mailto:fpdmp-info@hidinc.com) containing account logon information. Please ensure your e-mail system is configured to receive e-mails from this address.

**Officer/Agent Information**

* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Title:	<input type="text"/>	* Badge/ID Number:	<input type="text"/>
* Date of Birth (MM/DD/YYYY):	<input type="text"/>	* Email Address:	<input type="text"/>

**Agency Information**

* Agency Name:	<input type="text"/>				
* Agency Address:	<input type="text"/>				
* City:	<input type="text"/>	* State:	Select a state	* Zip Code:	<input type="text"/>
* Phone #:	<input type="text"/>	Fax #:	<input type="text"/>		

I certify that I meet the requirements to be eligible for access to the Florida Prescription Drug Monitoring Program (PDMP) database pursuant to section 893.0551, Florida Statutes.

10. Complete the fields on this form, noting that required fields are indicated with an asterisk (\*), then click to select the check box indicating that you meet the requirements for accessing the RxSentry database and that you are authorized to do so.

11. Click **Submit**.

If any required information is incomplete or missing, a message is displayed indicating which fields must be corrected before your access request form can be submitted.

If all information has been properly supplied, a completed access request form is displayed, along with a prompt to print the form. Print the form if desired.

The E-FORCSE 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.

## 7 Logging In to RxSentry

### About This Chapter

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

### Log In to RxSentry

**Note:** If you have forgotten your RxSentry user name or password, see one of the following topics:

- Retrieve User Name
- Retrieve Password

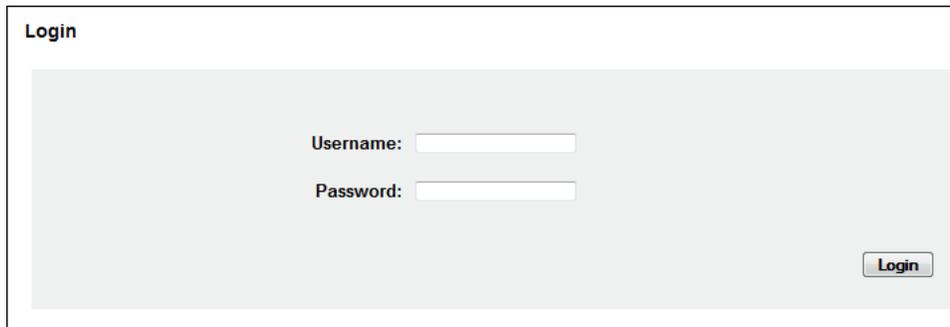
After six (6) unsuccessful login attempts, your account will be locked. If your account is locked, please call the HID Help Desk using the information provided in the [Technical Assistance](#) topic in this document.

Perform the following steps to log in to RxSentry:

1. Open an Internet browser window and type the following URL in the address bar:  
[www.hidinc.com/flpdmp](http://www.hidinc.com/flpdmp).
2. Click the **Quick Access for Enforcement and Investigative Agencies Query Site** link located on the left menu:



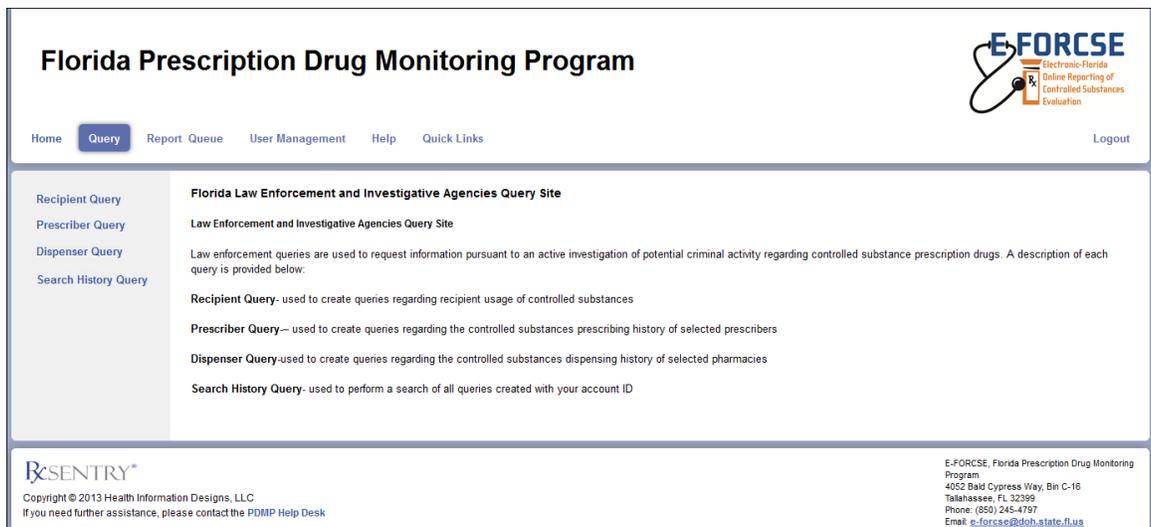
A window similar to the following is displayed:



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 RxSentry home page is displayed:



The main menu, located at the top of the page, contains the RxSentry 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 RxSentry user name, perform the following steps to retrieve it:

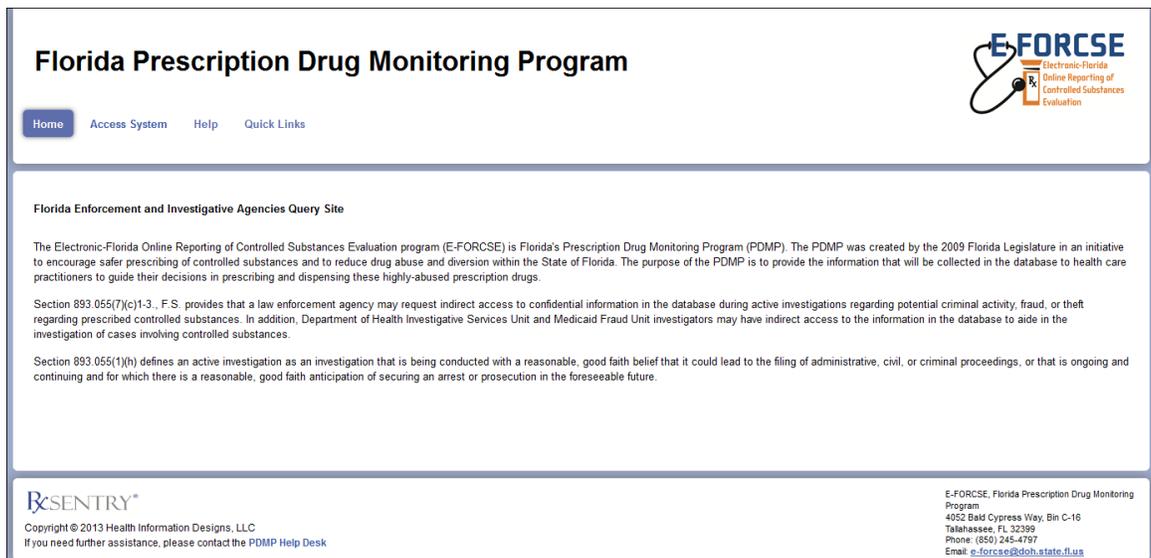
1. Open an Internet browser window and type the following URL in the address bar:  
[www.hidinc.com/flpdmp](http://www.hidinc.com/flpdmp).
2. Click the **Enforcement and Investigative Agencies** link located on the left menu.

A window similar to the following is displayed:



3. Click the **Enforcement and Investigative Agencies 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 Quick Links

**Enforcement and Investigative Agencies Access**

Login

Retrieve User Name

Retrieve Password

**RxSENTRY**  
Copyright © 2013 Health Information Designs, LLC  
If you need further assistance, please contact the PDMP Help Desk

**E-FORCSE** Florida Prescription Drug Monitoring Program  
4052 Bald Cypress Way, Bin C-16  
Tallahassee, FL 32399  
Phone: (850) 245-4797  
Email: [e\\_forcse@doh.state.fl.us](mailto:e_forcse@doh.state.fl.us)

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

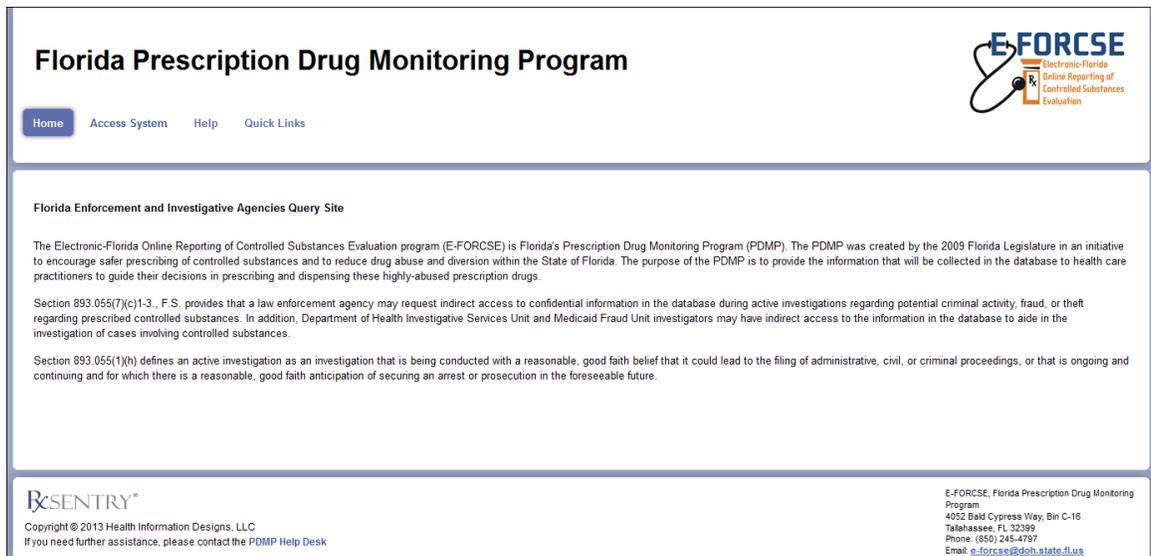
If you have forgotten your RxSentry password, perform the following steps to retrieve it:

1. Open an Internet browser window and type the following URL in the address bar:  
[www.hidinc.com/flpdmp](http://www.hidinc.com/flpdmp).
2. Click the **Enforcement and Investigative Agencies** link located on the left menu.

A window similar to the following is displayed:

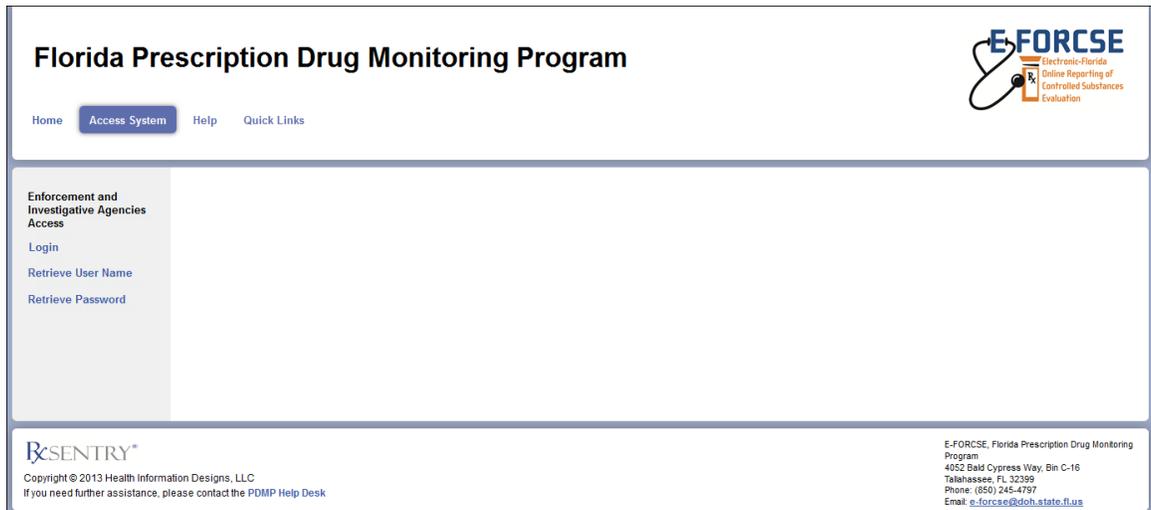


3. Click the **Enforcement and Investigative Agencies Query Site** link. The RxSentry home page is displayed as shown on the following page.



4. Click **Access System**.

A window similar to the following is displayed:



**Florida Prescription Drug Monitoring Program**

Home **Access System** Help Quick Links

Enforcement and Investigative Agencies Access

Login

Retrieve User Name

Retrieve Password

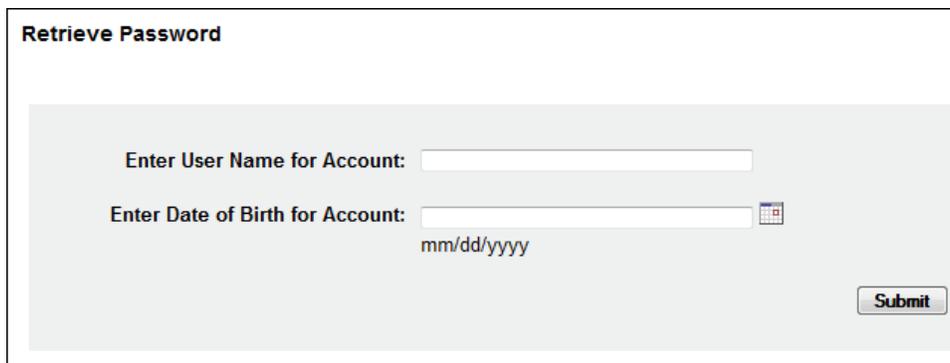
**RxSENTRY**  
Copyright © 2013 Health Information Designs, LLC  
If you need further assistance, please contact the PDMP Help Desk

**E-FORCSE**  
Electronic-Florida  
Online Reporting of  
Controlled Substances  
Evaluation

E-FORCSE, Florida Prescription Drug Monitoring Program  
4052 Bald Cypress Way, Bin C-16  
Tallahassee, FL 32399  
Phone: (850) 245-4797  
Email: e-forcse@doh.state.fl.us

5. Click **Retrieve Password**.

A window similar to the following is displayed:



**Retrieve Password**

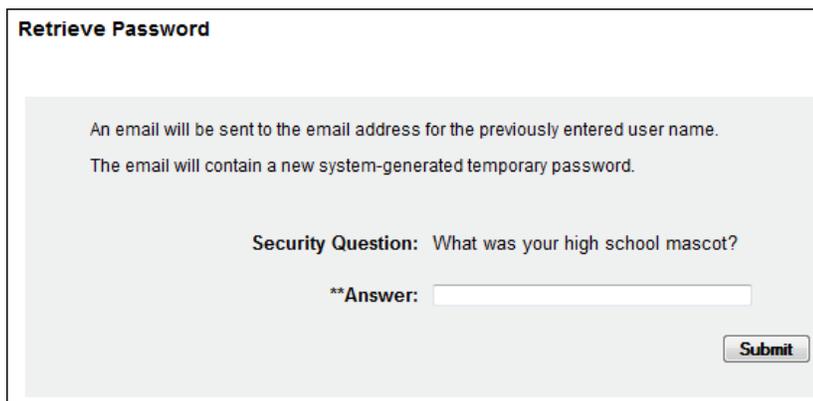
Enter User Name for Account:

Enter Date of Birth for Account:    
mm/dd/yyyy

**Submit**

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:



**Retrieve Password**

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.

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

**\*\*Answer:**

**Submit**

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

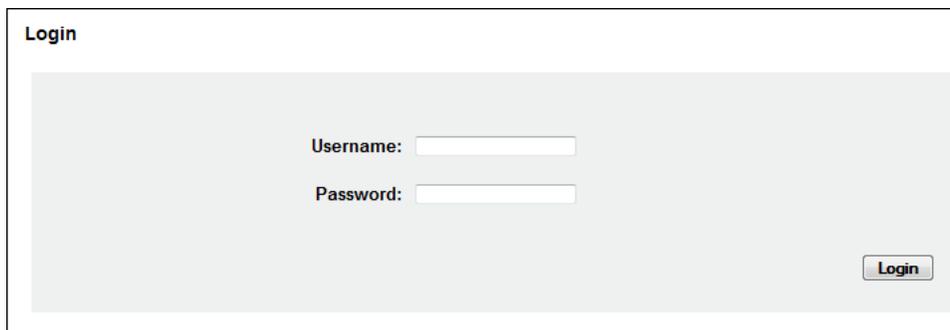
**Note:** If you have forgotten the e-mail address associated with your account or the answer to your security question, contact the HID Help Desk.

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:

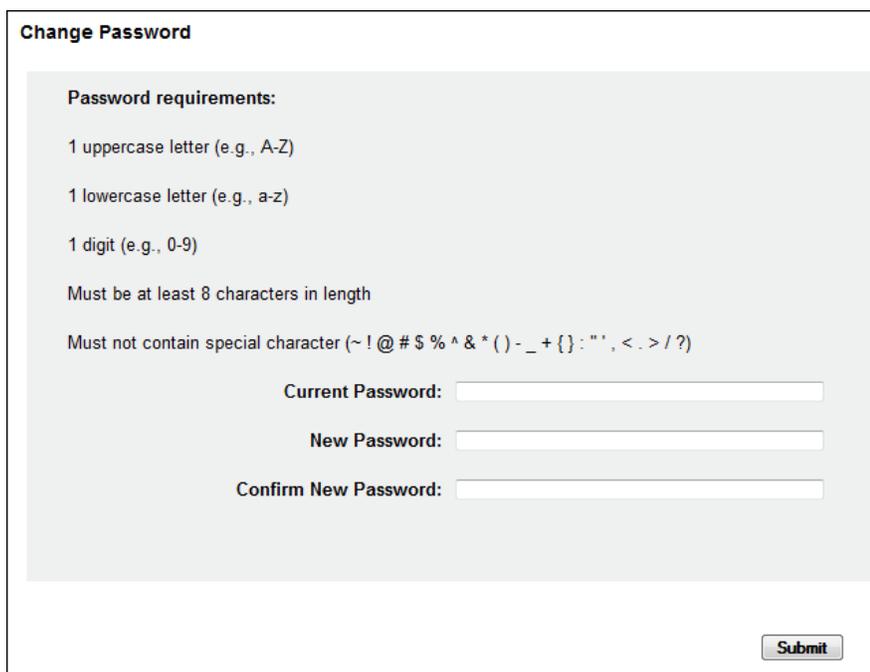


The screenshot shows a login window titled "Login". It contains two input fields: "Username:" and "Password:". A "Login" button is located in the bottom right corner of the form area.

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:



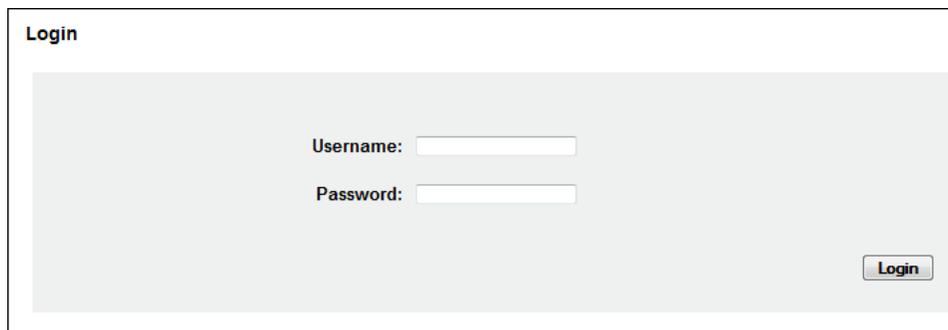
The screenshot shows a "Change Password" form. It lists password requirements: 1 uppercase letter (e.g., A-Z), 1 lowercase letter (e.g., a-z), 1 digit (e.g., 0-9), must be at least 8 characters in length, and must not contain special characters (~ ! @ # \$ % ^ & \* ( ) - \_ + { } : " ' , < . > / ?).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

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.

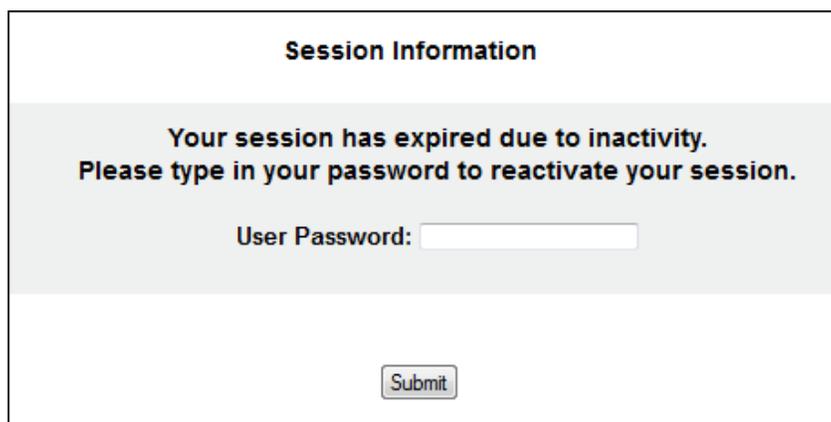
17. Once your password has been accepted, click any function, such as **Query**. A window similar to the following is displayed:



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

## Session Timeouts

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



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

RxSentry 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:**

**Submit**

Perform the following steps:

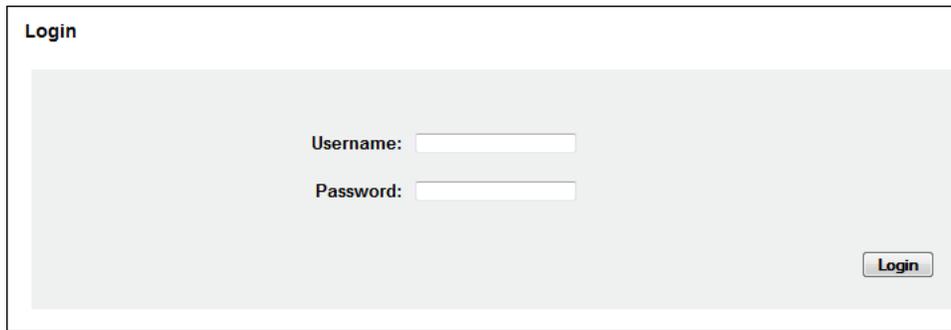
1. Type your current password in the **Current Password** field.
2. Type your new password in the **New Password** field, using the information displayed on this window as a password selection guideline.
3. Type your new password again in the **Confirm New Password** field.
4. Click **Submit**.

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 login window with a title bar labeled "Login". The main area contains two input fields: "Username:" followed by a text box, and "Password:" followed by a text box. A "Login" button is positioned in the bottom right corner of the form area.

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

The RxSentry home page is displayed.

## Log Out of RxSentry

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.

## 8 RxSentry Queries

### About This Chapter

This chapter explains how to create queries that are used to request information pursuant to an **active investigation** of potential criminal activity regarding controlled substance prescription drugs and how to view your search history.

The following types of queries are available:

- **Recipient Query** – used to create queries regarding recipient usage of controlled substances
- **Prescriber Query** – used to create queries regarding the controlled substance prescribing history of selected prescribers
- **Pharmacy Query** – used to create queries regarding the controlled substance dispensing history of selected pharmacies (dispensing pharmacies or dispensing practitioners)
- **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:** If you are an administrator, you will receive e-mail notification when an authorized user has performed a query.

### 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:** Information for recipients 16 years of age and younger is not available for viewing. Section 893.055(5)(e), Florida Statutes, exempts the reporting by a healthcare practitioner when administering or dispensing a controlled substance to a person under the age of 16.

Perform the following steps to create a recipient query:

1. **Log in to RxSentry.** A window similar to the following is displayed:

The screenshot shows the Florida Prescription Drug Monitoring Program (PDMP) Query Site. The header includes the program name and the E-FORCSE logo (Electronic Florida Online Reporting of Controlled Substances Evaluation). The navigation menu includes Home, Query (selected), Report Queue, User Management, Help, and Quick Links. The main content area is titled "Florida Law Enforcement and Investigative Agencies Query Site" and provides a description of the site's purpose. It lists four query types: Recipient Query, Prescriber Query, Dispenser Query, and Search History Query, each with a brief description of its function. The footer contains copyright information for Health Information Designs, LLC and contact details for the E-FORCSE program.

2. Click **Recipient Query**.

A window similar to the following is displayed:

<p><b>Florida PDMP Liability Statement for Law Enforcement and Investigative Agencies Report Request</b></p> <p>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).</p> <p>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.</p> <p>Prior to the release of any information, you must accept the conditions below before you may continue:</p> <hr/> <p><input type="checkbox"/> I certify I have been authorized by my employer to request investigative reports from the State of Florida Prescription Drug Monitoring Program (PDMP database).</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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> <p><input type="checkbox"/> 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> <hr/> <p><b>You MUST accept the above conditions before you can continue</b></p>
--

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 requesting the report as part of an active investigation regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances.

**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 RxSentry; 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.

**Requestor Agency Information**

PDMP Account Id : robyn.weaver.le

Agency :

\* Your Case # :

Requesting Officer :

Request Date : 12/22/2014

\* Telephone (123-456-7890x0000) :

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

\* Email :

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

Search Method :

\* Last Name :

\* First Name :

\* Date of Birth :

Within :

Sex :

**Alias #1**

Last Name :

First Name :

Date of Birth :

**Alias #2**

Last Name :

First Name :

Date of Birth :

**Alias #3**

Last Name :

First Name :

Date of Birth :

\* Dispensed Start Date :

\* Dispensed End Date :

County Selection :

Zipcode :

Attach Documentation :  No file selected.  
 \*10MB upload limit and PDF is the only file extension that is allowed

Purpose :

Other Purpose :

SSN :

DL# (with State Abbrev) :

Health Insurance Card Id :

\* Primary Address :

\* City :

Other Address 1 :

City :

Other Address 2 :

City :

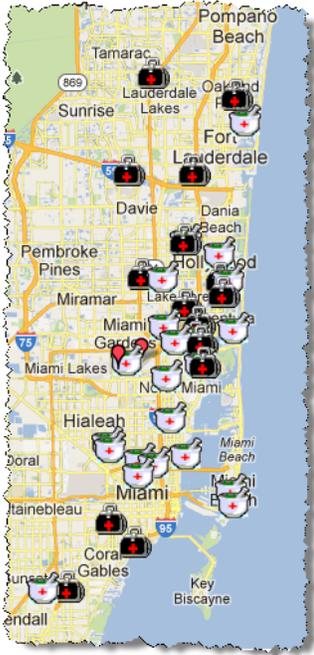
\*Required Field  
 All required fields must be filled in.  
 However, for the best search results, fill in as many fields as possible.

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
<b>Requestor Agency Information</b>	
PDMP Account ID	This field is auto-populated with your RxSentry user name.
Agency	This field is auto-populated with the agency with which you are associated.
<b>Your Case #</b>	<b>(Required)</b> Type the reference number used by your agency to identify this case.
Requesting Officer	This field is auto-populated with your name.
Request Date	This field is auto-populated with the current date.
<b>Telephone</b>	<b>(Required)</b> This field is auto-populated with the phone number E-FORSCE has on file for you; however, you may edit the number, if necessary.
Fax	Type your fax number.
<b>Email</b>	<b>(Required)</b> This field is auto-populated with the e-mail address E-FORSCE has on file for you; however, you may edit the e-mail address, if necessary.
<b>Information about the Subject that we MUST have to fulfill your report request</b>	
Search Method	Select one of the following search methods: <ul style="list-style-type: none"> <li>▪ <b>Begins With</b> – Allows you to search by the first few letters of the recipient’s last and first names.</li> <li>▪ <b>Sounds Like</b> – Allows you to search by a name, and the system will find names that sound similar to the one you entered.</li> </ul>
<b>Last Name</b>	<b>(Required)</b> Type the recipient’s last name.
<b>First Name</b>	<b>(Required)</b> Type the recipient’s first name.
<b>Date of Birth</b>	<b>(Required)</b> 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 <b>Date of Birth</b> 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 <b>Date of Birth</b> 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.
<b>Dispensed Start Date</b>	<b>(Required)</b> 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.
<b>Dispensed End Date</b>	<b>(Required)</b> 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.  <b>Note:</b> Dispensers are required to report every seven (7) days; query results contain the most current information available in the database.
County Selection	<b>(Required if the Date of Birth field is left blank)</b> Narrow your search by selecting a specific county name, or select “Statewide” to produce a wider range of results.
Zipcode (blank for any)	<b>(Required if the Date of Birth field is left blank)</b> Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Attach Documentation	Click <b>Browse</b> to select the file you would like to attach to your request, and then click <b>OK</b> to attach your documentation to your query request.  <b>Note:</b> Your documentation will only be uploaded if the file has a .pdf extension and is under 10 MB.
<b>Purpose</b>	<b>(Required)</b> 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 <b>Other</b> and then type the purpose in the <b>Other Purpose</b> field.
Other Purpose	If you selected <b>Other</b> in the <b>Purpose</b> field, type the purpose of your query request in this field.
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.
Health Insurance Card ID	If known, type the subject’s health insurance card ID number.
<b>Primary Address</b>	<b>(Required)</b> – Type the subject’s primary address.

Field Name	Usage
City	<b>(Required)</b> – 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.
<b>Agency Administrator</b> <b>Note:</b> This field is only displayed if you are an authorized user appointed by an agency administrator.	<b>(Required)</b> Click the down arrow to select the agency administrator on whose behalf you are creating the query.  If you do not see the correct agency administrator’s name or this field is empty, please contact E-FORCSE using the contact information provided in the <a href="#">Administrative Assistance</a> topic.
<b>Choose Report Type</b>	
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)	Select this option to display the results of your query on a Web page. From the Web page, you may click <b>Map Results</b> to view the actual location of each prescriber and pharmacy listed on the report:   <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><b>Note:</b> Click a symbol for more information about that recipient, prescriber, or pharmacy.</p>

**Table 2 – 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**

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

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

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.

**Note:** The agency's law enforcement administrator will be notified each time a query is submitted.

## Prescriber Query

This function is used to create queries that will generate a report that contains a history of dispensed controlled substances attributed to a specific prescriber for a specified timeframe.

Perform the following steps to create a prescriber query:

1. **Log in to RxSentry.**

A window similar to the following is displayed:

**Florida Prescription Drug Monitoring Program**

Home **Query** Report Queue User Management Help Quick Links Logout

**Florida Law Enforcement and Investigative Agencies Query Site**

Law Enforcement and Investigative Agencies Query Site

Law enforcement queries are used to request information pursuant to an active investigation of potential criminal activity regarding controlled substance prescription drugs. A description of each query is provided below:

- Recipient Query-** used to create queries regarding recipient usage of controlled substances
- Prescriber Query-** used to create queries regarding the controlled substances prescribing history of selected prescribers
- Dispenser Query-** used to create queries regarding the controlled substances dispensing history of selected pharmacies
- Search History Query-** used to perform a search of all queries created with your account ID

**RxSENTRY**  
Copyright © 2013 Health Information Designs, LLC  
If you need further assistance, please contact the PDMP Help Desk

E-FORCSE, Florida Prescription Drug Monitoring Program  
4052 Bald Cypress Way, Bin C-16  
Tallahassee, FL 32399  
Phone: (850) 245-4797  
Email: e-forcse@doh.state.fl.us

2. **Click Prescriber 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 accept the terms and conditions; are authorized to request information from E-FORCSE; and are requesting the report as part of an active investigation regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances.

### 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 RxSentry; however, you will not be required to accept the terms and conditions each time you create a query in that session.

The Prescriber Query window is displayed similar to the following:

**Requestor Agency Information**

PDMP Account Id : robyn.weaver.le

\* Your Case # :

Requesting Officer :

Request Date : 11/25/2014

\* Telephone (123-456-7890x0000) :

\* Email :

**Prescriber Information**

\*\*DEA Number :

\*\*Name (ex: smith, jane) :

County :

ZIP Code :

\* Dispensed Start Date :   
mm/dd/yyyy

\* Dispensed End Date :   
mm/dd/yyyy

Attach Documentation :  No file selected.  
\*10MB upload limit and PDF is the only file extension that is allowed

Purpose :

Other Purpose :

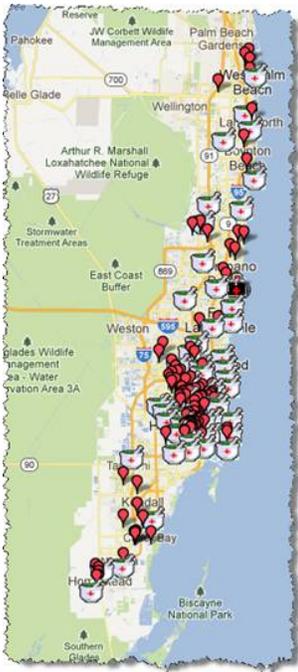
\*Required Field  
 \*\*Either last name or DEA number is required.  
 All required fields must be filled in.  
 However, for the best search results, fill in as many fields as possible.

Choose Report Type:  PDF  CSV  Web (with mapping)

- 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
<b>Requestor Agency Information</b>	
PDMP Account ID	This field is auto-populated with your RxSentry user name.
Your Case #	<b>(Required)</b> Type the reference number used by your agency to identify this case.
Requesting Officer	This field is auto-populated with your name.

Field Name	Usage
Request Date	This field is auto-populated with the current date.
Telephone	<b>(Required)</b> This field is auto-populated with the phone number E-FORSCE has on file for you; however, you may edit the number, if necessary.
Email	<b>(Required)</b> This field is auto-populated with the e-mail address E-FORSCE has on file for you; however, you may edit the e-mail address, if necessary.
<b>Prescriber Information</b>	
DEA Number	<b>(Required)</b> Type the prescriber's DEA number. <b>Note:</b> The prescriber's DEA number is not required if the prescriber's last name is supplied.
Name	<b>(Required)</b> Type the prescriber's last and first name using the <i>smith, jane</i> format. If the full name is not known, the system will search for prescriber names using the characters you type in this field. <b>Note:</b> The prescriber's last name is not required if the prescriber's DEA number is supplied.
County	Narrow your search by selecting a specific county name, or select "Statewide" to produce a wider range of results.
ZIP Code	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Dispensed Start Date	<b>(Required)</b> 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	<b>(Required)</b> 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.
Attach Documentation	Click <b>Browse</b> to select the file you would like to attach to your request, and then click <b>OK</b> to attach your documentation to your query request. <b>Note:</b> Your documentation will only be uploaded if the file has a .pdf extension and is under 10 MB.
Purpose	<b>(Required)</b> 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 <b>Other</b> and then type the purpose in the <b>Other Purpose</b> field.
Other Purpose	If you selected <b>Other</b> in the <b>Purpose</b> field, type the purpose of your query request in this field.

Field Name	Usage
<b>Agency Administrator</b> <b>Note:</b> This field is only displayed if you are an authorized user appointed by an agency administrator.	<b>(Required)</b> Click the down arrow to select the agency administrator on whose behalf you are creating the query. If you do not see the correct agency administrator’s name or this field is empty, please contact E-FORCSE using the contact information provided in the <a href="#">Administrative Assistance</a> topic.
<b>Choose Report Type</b>	
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)	Select this option to display the results of your query on a Web page. From the Web page, you may click <b>Map Results</b> to view the actual location of each prescriber and pharmacy listed on the report:  <p>The doctor’s bag represents the prescriber’s location; the pins represent the recipients’ locations; and the mortar and pestles represent the pharmacies’ locations.</p> <b>Note:</b> Click a symbol for more information about that recipient, prescriber, or pharmacy.

**Table 3 – Prescriber Query Request Window Field Descriptions**

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

A window similar to the following is displayed:

**Search Criteria**

DEA Number:	Name: SMITH, J
County:	ZIP Code:
Dispensed Start Date: 01/30/2013	Dispensed End Date: 01/30/2014

**Search Results**

To select a name, click on the desired name. To select multiple names, hold down [Ctrl] while clicking the desired names.

Last Name	First Name	Providers ID	City	Zip Code
SMITH,				

6. Click the desired prescriber's name. By default, all prescribers listed are selected. To select specific prescribers from the list:
  - Select a single value by clicking the value.
  - Select multiple values, listed consecutively, by clicking the first value, holding down the **[Shift]** key, and then clicking the last value.
  - Select multiple values, not listed consecutively, by holding down the **[Ctrl]** key while clicking each value.
7. Click **Submit**.

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: 368**  
 Use menu entry Report Queue to see your results.

**Requestor Information**

PDMP Account Id: [REDACTED]	Agency:	*Your Case #: 123345
Requesting Officer: [REDACTED]	Request Date: 11/25/2014	*Telephone: 111-111-1111
Email: [REDACTED]		

**Prescriber Information**  
 \*We MUST have this information to fulfill your report request

**DEA Number:	*Name: SMITH, J
County:	Zip: 11/25/2014
*Dispensed Start Date: 01/01/2012	*Dispensed End Date: 11/25/2014
Mode: Search_Prseb	Documentation: Test
	Subpoena.pdf
<b>Purpose:</b> An active investigation of potential criminal activity regarding prescribed controlled substances	<b>Other Purpose:</b>
Prescriber ID: [REDACTED]	

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.

**Note:** The agency's law enforcement administrator will be notified each time a query is submitted.

## Pharmacy Query

This function is used to create queries that will generate a report that contains the controlled substance dispensing history of a specific pharmacy or dispensing practitioner for a specified timeframe.

Perform the following steps to create a pharmacy query:

1. [Log in to RxSentry](#).

A window similar to the following is displayed:

**Florida Prescription Drug Monitoring Program**

Home **Query** Report Queue User Management Help Quick Links Logout

**Florida Law Enforcement and Investigative Agencies Query Site**

Law Enforcement and Investigative Agencies Query Site

Law enforcement queries are used to request information pursuant to an active investigation of potential criminal activity regarding controlled substance prescription drugs. A description of each query is provided below:

**Recipient Query-** used to create queries regarding recipient usage of controlled substances

**Prescriber Query-** used to create queries regarding the controlled substances prescribing history of selected prescribers

**Dispenser Query-** used to create queries regarding the controlled substances dispensing history of selected pharmacies

**Search History Query-** used to perform a search of all queries created with your account ID

**RxSENTRY**  
Copyright © 2013 Health Information Designs, LLC  
If you need further assistance, please contact the PDMP Help Desk

E-FORCSE, Florida Prescription Drug Monitoring Program  
4052 Bald Cypress Way, Bin C-16  
Tallahassee, FL 32399  
Phone: (904) 245-4797  
Email: [e-forcse@doh.state.fl.us](mailto:e-forcse@doh.state.fl.us)

2. Click **Dispenser 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 requesting the report as part of an active investigation regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances.

**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 RxSentry; however, you will not be required to accept the terms and conditions each time you create a query in that session.

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

**Requestor Agency Information**

PDMP Account Id : robyn.weaver.le

\* Your Case # :

Requesting Officer :

Request Date : 11/25/2014

\* Telephone (123-456-7890x0000) :

\* Email :

**Dispenser Information**

\*DEA Number :

\*\*Name :

County :

ZIP Code :

\* Dispensed Start Date :  mm/dd/yyyy

\* Dispensed End Date :  mm/dd/yyyy

Attach Documentation :  No file selected.  
\*10MB upload limit and PDF is the only file extension that is allowed

Purpose :

Other Purpose :

\*Required Field  
 \*\*Either last name or DEA number is required.  
 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)

- 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
<b>Requestor Agency Information</b>	
PDMP Account ID	This field is auto-populated with your RxSentry user name.
<b>Your Case #</b>	<b>(Required)</b> Type the reference number used by your agency to identify this case.
Requesting Officer	This field is auto-populated with your name.
Request Date	This field is auto-populated with the current date.
<b>Telephone</b>	<b>(Required)</b> This field is auto-populated with the phone number E-FORSCE has on file for you; however, you may edit the number, if necessary.

Field Name	Usage
Email	<b>(Required)</b> This field is auto-populated with the e-mail address E-FORSCE has on file for you; however, you may edit the e-mail address, if necessary.
<b>Dispenser Information</b>	
DEA Number	<b>(Required)</b> Type the pharmacy's DEA number. <b>Note:</b> The pharmacy's DEA number is not required if the pharmacy name is supplied.
Name	<b>(Required)</b> If searching for a dispensing pharmacy, type the pharmacy name. If searching for a dispensing practitioner, type the dispensing practitioner's name using the <i>smith, jane</i> format. If the full name is not known, the system will search for names using the characters you type in this field. <b>Note:</b> The pharmacy name is not required if the pharmacy's DEA number is supplied.
County	Narrow your search by selecting a specific county name, or select "Statewide" to produce a wider range of results.
ZIP Code	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Dispensed Start Date	<b>(Required)</b> 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	<b>(Required)</b> 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.
Attach Documentation	Click <b>Browse</b> to select the file you would like to attach to your request, and then click <b>OK</b> to attach your documentation to your query request. <b>Note:</b> Your documentation will only be uploaded if the file has a .pdf extension and is under 10 MB.
Purpose	<b>(Required)</b> 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 <b>Other</b> and then type the purpose in the <b>Other Purpose</b> field.
Other Purpose	If you selected <b>Other</b> in the <b>Purpose</b> field, type the purpose of your query request in this field.

Field Name	Usage
<b>Agency Administrator</b> <b>Note:</b> This field is only displayed if you are an authorized user appointed by an agency administrator.	<b>(Required)</b> Click the down arrow to select the agency administrator on whose behalf you are creating the query. If you do not see the correct agency administrator’s name or this field is empty, please contact E-FORCSE using the contact information provided in the <a href="#">Administrative Assistance</a> topic.
<b>Choose Report Type:</b>	
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)	Select this option to display the results of your query on a Web page. From the Web page, you may click <b>Map Results</b> to view the actual location of each prescriber and pharmacy listed on the report:  The mortar and pestle represents the pharmacy’s location; the pins represent the recipients’ locations; and the doctor’s bags represent the prescribers’ locations. <b>Note:</b> Click a symbol for more information about that recipient, prescriber, or pharmacy.

**Table 4 – Dispenser Query Request Window Field Descriptions**

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

A window similar to the following is displayed:

**Search Criteria**

DEA Number:	Name: Walgreen
County:	ZIP Code:
Dispensed Start Date: 01/30/2013	Dispensed End Date: 01/30/2014

**Search Results**

To select a name, click on the desired name. To select multiple names, hold down [Ctrl] while clicking the desired names.

Name	Dispenser ID	County	City	State	Zip Code
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					
WALGREEN ARIZONA DRUG CO					

6. Click the desired pharmacy’s name. By default all pharmacies listed are selected. To select specific pharmacies from the list:
  - Select a single value by clicking the value.
  - Select multiple values, listed consecutively, by clicking the first value, holding down the **[Shift]** key, and then clicking the last value.
  - Select multiple values, not listed consecutively, by holding down the **[Ctrl]** key while clicking each value.
7. Click **Submit**.

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-force@doh.state.fl.us

**REQUEST NUMBER: 369**  
 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: 11/25/2014	*Telephone: 111-111-1111
Email: [redacted]		

**Prescriber Information**  
 \*We MUST have this information to fulfill your report request

**DEA Number: [redacted]	*Name: Walgreen
County: [redacted]	Zip: [redacted]
*Dispensed Start Date: 01/01/2012	*Dispensed End Date: 11/25/2014
Mode: Search_Pharm	Documentation: Test
	Other Purpose: Subpoena.pdf
Purpose: An active investigation of potential criminal activity regarding prescribed controlled substances	
Dispenser ID: [redacted]	

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.

**Note:** The agency's law enforcement administrator will be notified each time a query is submitted.

## Search History Query

This function allows you to view an audit trail of all queries performed using your user ID for a specified timeframe. If you are an agency administrator, this function also allows you to view an audit trail of queries performed by your authorized users.

Perform the following steps to view this report:

1. [Log in to RxSentry.](#)

A window similar to the following is displayed:

**Florida Prescription Drug Monitoring Program**

Home **Query** Report Queue User Management Help Quick Links Logout

**Florida Law Enforcement and Investigative Agencies Query Site**

Recipient Query  
Prescriber Query  
Dispenser Query  
**Search History Query**

Law enforcement queries are used to request information pursuant to an active investigation of potential criminal activity regarding controlled substance prescription drugs. A description of each query is provided below:

**Recipient Query-** used to create queries regarding recipient usage of controlled substances

**Prescriber Query-** used to create queries regarding the controlled substances prescribing history of selected prescribers

**Dispenser Query-** used to create queries regarding the controlled substances dispensing history of selected pharmacies

**Search History Query-** used to perform a search of all queries created with your account ID

**RxSENTRY**  
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If you need further assistance, please contact the PDMP Help Desk

E-FORCSE, Florida Prescription Drug Monitoring Program  
4052 Bald Cypress Way, Bin C-16  
Tallahassee, FL 32399  
Phone: (850) 245-4797  
Email: [e-forcse@doh.state.fl.us](mailto:e-forcse@doh.state.fl.us)

2. Click [Search History 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.

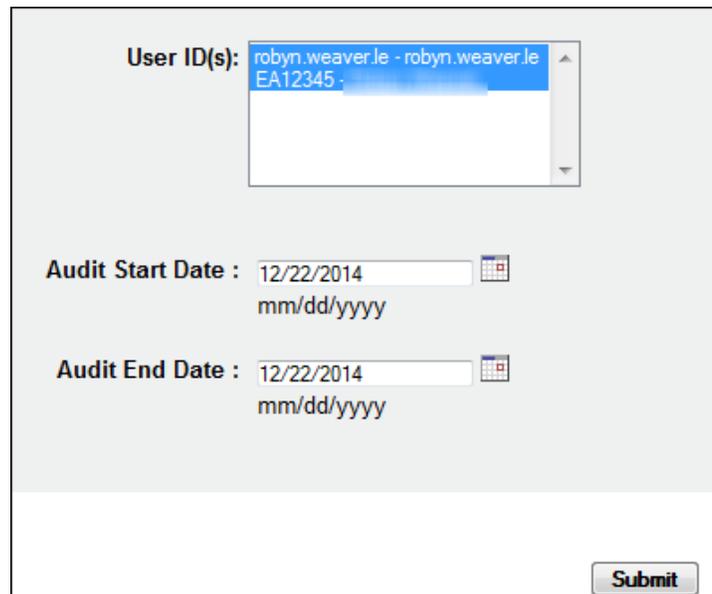
**You MUST accept the above conditions before you can continue**

3. Select the check boxes indicating that the query is for a valid reason and that you are authorized to submit the request.

**Notes:**

- Without selecting the check boxes indicating that you understand and agree to the terms and conditions, 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 RxSentry; however, you will not be required to accept the terms and conditions each time you create a query in that session.

The Search History window is displayed similar to the following:



The screenshot shows a web form with the following elements:

- User ID(s):** A dropdown menu with a blue header bar. The text inside the dropdown is "robyn.weaver.le - robyn.weaver.le" and "EA12345".
- Audit Start Date :** A text input field containing "12/22/2014" and a calendar icon to its right. Below the input field is the text "mm/dd/yyyy".
- Audit End Date :** A text input field containing "12/22/2014" and a calendar icon to its right. Below the input field is the text "mm/dd/yyyy".
- Submit:** A button located at the bottom right of the form.

4. If you are an agency administrator, your user ID and that of any authorized users linked to your account are displayed in the **User ID** field. All user IDs are selected by default. Click to select the user(s) whose audit information you wish to view.

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

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.

6. 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
34536694	11/25/14		Q A	pphysasst - robyn.weaver.le	Audit Query 738 Online. (details) [Viewing audits for users: robyn.weaver.le]	10.80.0.15
34536692	11/25/14		Q A	pdlawentrypharm - robyn.weaver.le	Ad Hoc LE Query Pharmacy Request 737 (details)	10.80.0.15
34536690	11/25/14		Q A	pdlawentryprsb - robyn.weaver.le	Ad Hoc LE Query Prescriber Request 736 (details)	10.80.0.15
34536686	11/25/14		Q A	pdlawentry - robyn.weaver.le	Ad Hoc LE Query Request 367 (details)	10.80.0.15
34536673	11/25/14	robyn.weaver.le	DB A	pmqupdateuserpref - robyn.weaver.le	Change:User robyn.weaver.le changed by robyn.weaver.le--changes: userpref.userpref-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: Set-Single-Field-Value	10.80.0.15
34536672	11/25/14	robyn.weaver.le	DB A	pmqupdateuserpref - robyn.weaver.le	Change:pdm.userpref.PT_email_address From: [redacted] To: [redacted]	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:

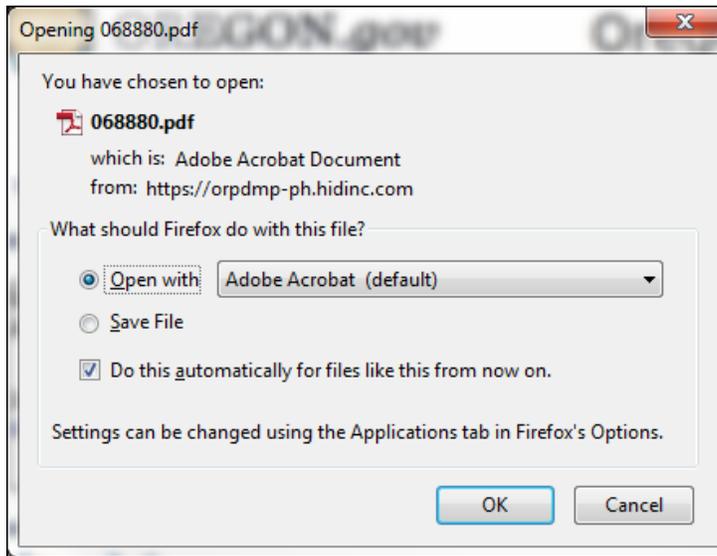
- Log in to RxSentry.
- Click **Report Queue**.

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 <a href="#">277</a>	01/21/14	Approved / Done	Recipient Report Dispensed From 01/21/2012 to 01/21/2014 3 out of 11 Recipients Selected SMITH, [redacted] - DOB: [redacted] SMITH, [redacted] - DOB: [redacted] SMITH, [redacted] - DOB: [redacted]	PDF
116 <a href="#">274</a>	01/21/14	Approved / Done	Prescriber Report Dispensed From 01/21/2012 to 01/21/2014 ID: Robyn_MD DEA: [redacted]	PDF
115 <a href="#">272</a>	01/21/14	Approved / Done	Recipient Report Dispensed From 01/21/2012 to 01/21/2014 1 out of 1 Recipients Selected DOE, [redacted] - DOB: [redacted]	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:



4. 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.
5. 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
  - 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

Prior to disclosing information received from the program manager, as authorized by section 893.0551(4), F.S., the authorized user must redact all information that is not the subject of the investigation.

## 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)-(6), F.S., by an authorized user of a law enforcement or investigative agency, the program manager, within one (1) business day of discovery, shall suspend the access of the authorized user and notify the agency administration of the suspension.

The agency administrator 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 E-FORCSE Information Security and Privacy Training Course within the last 30 days.

If the alleged compliance failure was in violation of section 893.0551(6), F.S., the program manager shall, within one (1) business day of discovery, notify the agency head, designee, or Internal Affairs Office of the agency in which the alleged compliance failure occurred. If appropriate, the program manager will also notify the Florida Department of Law Enforcement Office of Executive Investigations.

The program manager shall also notify the U.S. Department of Health and Human Services within five (5) days of discovery of the alleged compliance failure.

## 9 User Management

### About this Chapter

This chapter explains how to update your PDMP user profile, change your system password, and manage your authorized user accounts.

### 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 RxSentry.
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 RxSentry password, as needed.

Perform the following steps to change your password:

1. Log in to RxSentry.
2. Click **User Management**.

A window similar to the following is displayed:

The screenshot shows the E-FORCSE web application interface. At the top, the title "Florida Prescription Drug Monitoring Program" is displayed alongside the E-FORCSE logo. A navigation menu includes "Home", "Query", "Report Queue", "User Management" (highlighted), "Help", and "Quick Links". A "Logout" link is located in the top right corner. On the left side, a sidebar menu lists "Update User Profile", "Change Password" (highlighted), "Authorized User", "Accounts", "Authorized User", and "Appointment". The footer contains the RxSENTRY logo, copyright information for Health Information Designs, LLC, and contact details for the E-FORCSE program.

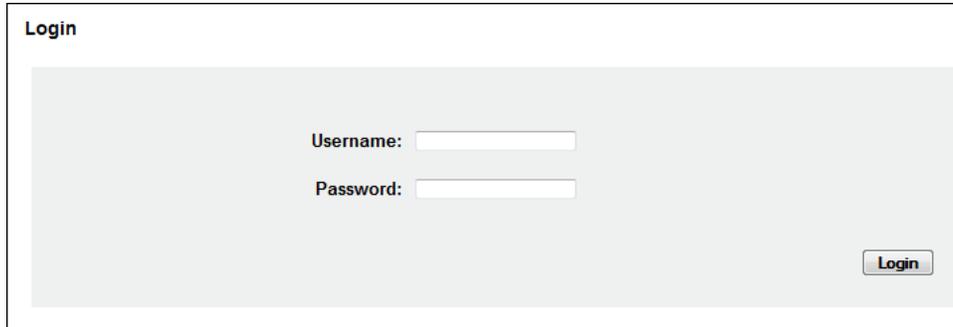
3. Click **Change Password**.

A window similar to the following is displayed:

The screenshot shows the "Change Password" form. It features a section for "Password requirements:" which lists: "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 character (~ ! @ # \$ % ^ & \* ( ) - \_ + { } : " ' , < . > / ?)". Below these 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:



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

## Authorized User Appointment

This section describes how to appoint an authorized user, activate an authorized user account by linking it to your administrator account, and how to unlink authorized user accounts that should no longer be associated with your administrator account.

**Note:** These functions are only available to agency administrator account holders. If you are NOT an agency administrator, these functions will not be displayed.

### Authorized User Appointment

The agency administrator shall appoint authorized users to request and receive information on behalf of their agency by submitting an Agency Authorized User Appointment Form, DH8011-PDMP, effective January 2015.

Perform the following steps to appoint authorized users to request information from E-FORCSE during the course of an active investigation:

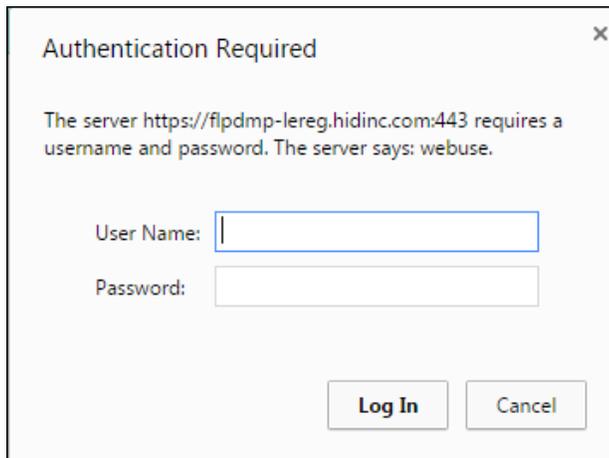
1. [Log in to RxSentry](#).
2. Click **User Management**.

A window similar to the following is displayed:



3. Click **Authorized User Appointment**.

A window similar to the following is displayed:



4. Type *newacct* in the **User Name** field.
5. Type *welcome* in the **Password** field.
6. Click **Log In**.

The Authorized User Appointment Form is displayed as shown on the following page.



### Law Enforcement Delegate Request Form for the E-FORCSE Database

**\* Required information**

**Note: Once your account request is approved, you will receive e-mails from fldmp-info@hidinc.com containing account logon information. Please ensure your e-mail system is configured to receive e-mails from this address.**

**Officer/Agent Information**

\* First Name:  \* Last Name:   
\* Title:  \* Badge/ID Number:   
\* Date of Birth (MM/DD/YYYY):  \* Phone Number:   
\* Email Address:   
\* Security Question:  \* Security Answer:   
\* Undercover Status:  
 Yes, the authorized user works in an undercover status at the agency and asserts public record exemption in s. 119.071(4), F.S.  
 No, the authorized user does not work in an undercover status.

**Agency Information**

\* Agency Name:   
\* Agency Administrator E-FORCSE User ID:   
\* Agency Administrator Name:  \* Agency Administrator Email Address:

I affirm that all information on this form is true and that the authorized user has 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 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.

- Complete the fields on this form with the authorized user's information, then click to select the check boxes indicating that the authorized user has completed the prerequisites for accessing the RxSentry database and that they are authorized to do so.

**Notes:**

- Required fields are indicated with an asterisk (\*).
- The **Agency Administrator E-FORCSE User ID, Agency Administrator Name, and Agency Administrator Email Address** fields are automatically populated with your information.

- Click **Submit**.

If any required information is incomplete or missing, a message is displayed indicating which fields must be corrected before the access request form can be submitted.

If all information has been properly supplied, a completed access request form is displayed, along with a prompt to print the form. Print the form if desired.

The E-FORCSE staff will review the request and verify the information. You will be notified by e-mail when E-FORCSE staff has approved or denied the account request. If the request is denied, the e-mail will contain the reason for the denial.

If the authorized user is approved for an account, they will be notified via two separate e-mails. The first e-mail will contain their approval notification and user name. The second e-mail will contain their temporary password, personal identification number (PIN) that they will use to

identify themselves if they need assistance from the HID Help Desk, and the steps to follow to log in to the system.

If the authorized user is denied access to the system, they will be notified by the E-FORCSE program staff.

**Note:** You may use your browser's back button to return to the RxSentry query site.

## Activating Authorized User Accounts

It is the responsibility of the agency administrator to activate authorized users and associate them with the administrator account. These steps can only be completed by agency administrators authorized to select and activate associated authorized user accounts.

Perform the following steps to link an authorized user account to your administrator account:

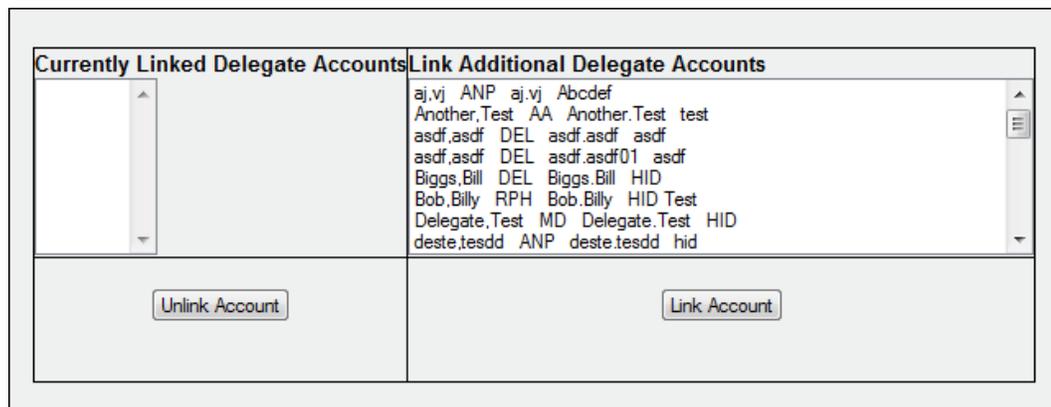
1. Log in to RxSentry.
2. Click **User Management**.

A window similar to the following is displayed:



3. Click **Authorized User Accounts**.

A window similar to the following is displayed:



All authorized user accounts currently linked to your administrator account are displayed in the **Currently Linked Delegate Accounts** section of this window.

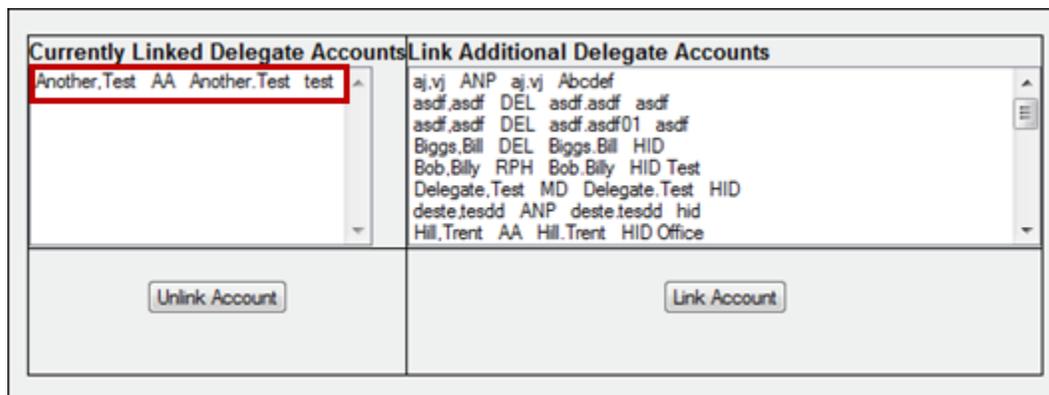
Authorized user accounts that have been approved and are awaiting administrator account holder association are displayed in the **Link Additional Delegate Accounts** section of this window. For each delegate account holder, the last/first name, user group, user ID, and agency are displayed.

4. Click to select the name of the authorized user you wish to link to your account.

**Note:** You may only link one authorized user account at a time.

5. Click **Link Account**.

A window similar to the following is displayed, illustrating that the authorized user has been linked to your account:



## Managing Authorized Users

It is the responsibility of the agency administrator to manage authorized users associated with his or her administrator account, including activating authorized user accounts, which is described in the previous section; monitoring the authorized user’s use of the FL PDMP database, which can be done using the [Search History Query](#); and removing any authorized users that should no longer be associated with the administrator account.

Perform the following steps to remove an authorized user from your administrator account:

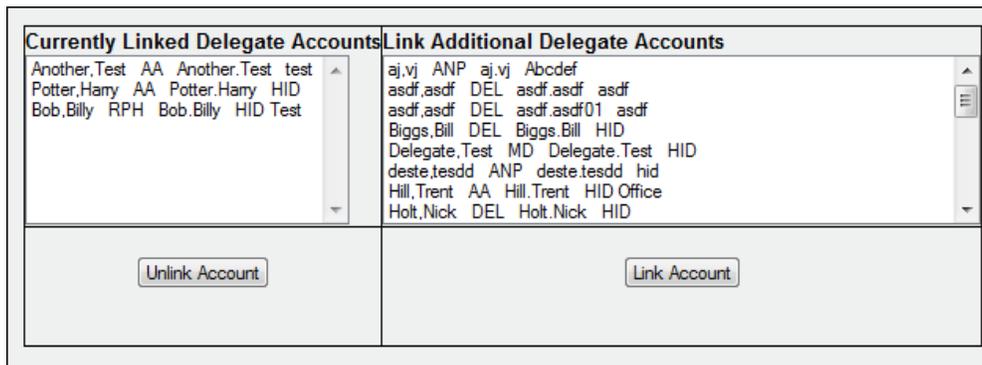
1. [Log in to RxSentry](#).
2. Click **User Management**.

A window similar to the following is displayed:



3. Click **Authorized User Accounts**.

A window similar to the following is displayed:

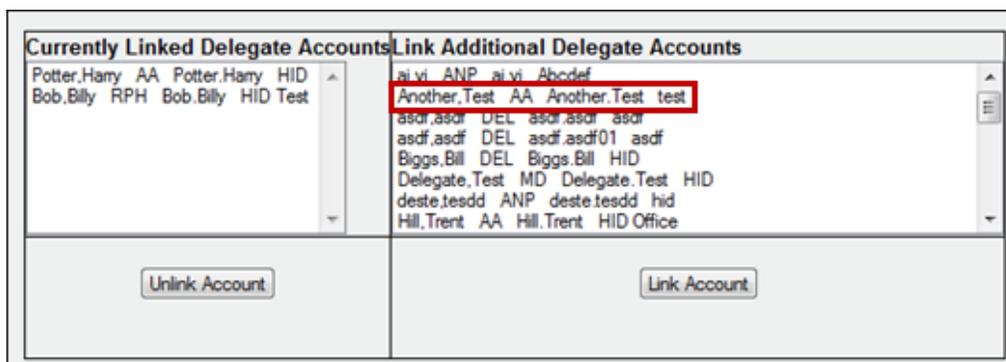


4. All authorized users currently linked to your administrator account are displayed in the **Currently Linked Delegate Accounts** section of this window.

5. Click to select the name of the authorized user you wish to remove from your account.

**Note:** You may only remove one authorized user account at a time.

6. Click **Unlink Account**. A window similar to the following is displayed, illustrating that the authorized user has been removed from your account:



Once an authorized user has been removed from your account, they will no longer be able to perform queries in RxSentry.

---

## 10 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](mailto: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](mailto:e-forcse@flhealth.gov)

Website: [www.e-forcse.com](http://www.e-forcse.com)

# 11 Document Information

## Version History

The Version History records the publication history of this document.

Publication Date	Version Number	Comments
10/14/2011	1.0	Initial publication
10/17/2011	1.1	Updated publication
10/31/2011	1.2	Updated publication
11/14/2011	1.3	Updated publication
11/21/2011	1.4	Updated publication
01/26/2012	1.5	Updated publication
02/21/2012	1.6	Updated publication
09/25/2012	1.7	Updated publication
10/17/2012	1.8	Updated publication
11/14/2012	1.9	Updated publication
05/30/2013	1.10	Updated publication
03/26/2014	1.11	Updated publication
12/22/2014	2.0	Updated publication
01/09/2015	2.1	Updated publication
03/20/2015	2.2	Updated publication

Table 5 – 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
1.1	Throughout	Replaced references to Regulatory Boards with Department of Health Investigative Services Unit
1.2	Chapter 3/Recipient Query	Added note that information for recipients 16 years of age and younger is not available for viewing
1.3	Throughout	Updated with Florida PDMP screen shots

Version Number	Chapter/Section	Change
	Chapter 3/Pharmacy Query	Renamed from Dispenser Query; updated to include steps needed to perform a Pharmacy Query
1.4	Chapter 2/Document Overview	Updated references to DOH to Department of Health Investigative Services
1.5	Chapter 3/Request an Account	Added note about configuring enforcement and investigative agency users' e-mail systems to accept e-mails from <i>flpdmp-info@hidinc.com</i> .
1.6	Throughout	Changed <i>Law Enforcement and DOH ISU</i> references to <i>Law Enforcement and Investigative Agencies</i> .
1.7	Chapter 3 <ul style="list-style-type: none"> <li>▪ Request an Account</li> <li>▪ Log In to RxSentry</li> </ul>	Updated screen shots and steps to reflect new link names on the public website
1.8	Chapter 3/View Query Status	Added payment method key
1.9	Chapter 3: <ul style="list-style-type: none"> <li>▪ Recipient Query</li> <li>▪ Prescriber Query</li> <li>▪ Pharmacy Query</li> </ul>	Added mapping option
1.10	Chapter 3/Log In to RxSentry	Added a note explaining that the user will be locked out of his/her account for 30 minutes after 3 unsuccessful login attempts
1.11	Chapter 3: <ul style="list-style-type: none"> <li>▪ Recipient Query</li> <li>▪ Prescriber Query</li> <li>▪ Pharmacy Query</li> </ul>	Updated liability statement
	Chapter 3: <ul style="list-style-type: none"> <li>▪ Prescriber Query</li> <li>▪ Pharmacy Query</li> </ul>	Updated screen shots and added the field description for the "Purpose" field
2.0	Global	<ul style="list-style-type: none"> <li>▪ Reorganized topics and updated screen shots and language to match the new RxSentry interface</li> <li>▪ Updated to new HID document format</li> </ul>

Version Number	Chapter/Section	Change
	Chapter 2/RxSentry Update	Added new topic
	<ul style="list-style-type: none"> <li>▪ Chapter 3/ Agency Responsibilities</li> <li>▪ Chapter 4/ Administrator Responsibilities</li> <li>▪ Chapter 5/ Authorized User Responsibilities</li> <li>▪ Chapter 6/ Agency Administrator Registration</li> </ul>	Added new topics
	Chapter 7: <ul style="list-style-type: none"> <li>▪ Retrieve User Name</li> <li>▪ Retrieve Password</li> </ul>	Added new topics
	Chapter 8/Search History Query	Added new topic
	Chapter 9: <ul style="list-style-type: none"> <li>▪ Update User Profile</li> <li>▪ Change Password</li> <li>▪ Authorized user Accounts</li> <li>▪ Authorized User Appointment</li> </ul>	Added new topics
2.1	Chapter 7/Password Expirations	Changed password expiration time from 60 days to 90 days
	Chapter 8/RxSentry Queries	Added a note to each query type indicating that the liability statement will only have to be accepted once per session
2.2	Chapter 9/Authorized User Appointment	Added the user name and password needed to access the form for appointing authorized users

**Table 6 – Document Change Log**

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# 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.

<b>Please provide the information requested below. ALL fields are required. (Print or Type) Use full name not initials.</b>			
<b>Agency E-FORCSE Administrator Applicant Information</b>		<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//)			
<b>Agency Head or Designee Information</b>			
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//)			
<b>For Department Use Only</b>			
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.

<b>Please provide the information requested below. ALL fields are required. (Print or Type) Use full name not initials.</b>			
<b>Agency Authorized User Applicant Information</b>		<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//)			
<b>Agency E-FORCSE Administrator Information</b>			
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//)			
<b>For Department Use Only</b>			
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(3)(a)3., Florida Administrative Code, Accessing the Database, requires the ***Training Guide for Enforcement and Investigative Agencies DH8012-PDMP, effective January 2015*** 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:	