Instructions for completing the Prescriber / Dispenser Database Access Request:

- 1. Information on the form must be legible
- 2. Fill in **ALL** fields
- 3. Propose a password:
 - Passwords must be at least 8 characters in length
 - Passwords must contain at least one (1) capital letter and one (1) lowercase letter and one (1) number
 - Passwords <u>CANNOT</u> contain symbols
- 4. After completing the access request form, have it notarized and mail **ALL** of the following documents to the address listed on the application:
 - 1. <u>access request</u>
 - 2. signed privacy statement
 - 3. copy of your <u>current driver's license</u>

*Health Information Designs, Inc. will notify you by e-mail with your confirmation login information. Please be sure to add nccsrs-info@hidinc.com to your email contacts or acceptance list to prevent your notification emails from being rejected or sent to your spam folder.



North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Controlled Substances Reporting System Mail Service Center 3008 Raleigh, NC 27699-3008 Phone: (919) 733-1765

Fax: (919) 508-0983

Prescriber / Dispenser Database Access

		☐ New ☐ Up	odate Term	ninate
Name (First, MI, La	st, Suffix (Jr., Sr., III))			
Professional Title			State Board License Number	
Facility Name			DEA Number (Resident MD's add DEA suffix #). Pharmacists use store DEA	
Facility Address			City, State, Zip Code	
Area Code & Telephone Number			Area Code & Fax Number	
Email Address *Note: Please add nccsrs-info@hidinc.com to your email contacts or acceptance list to prevent your			Proposed Password (Symbols are NOT accepted)	
notification emails from being rejected or sent to your spam folder. Signature			Date	
		n and for the State of North (day of My
				Notary Signature
information from	m the system in violation		section or a rule ad-	ntly releases, obtains, or attempts to obtain opted pursuant to this section shall be n.
Mail the	following items to the Control	olled Substances Reporting S 1. Notarized Database 2. Signed Copy of Priv 3. Copy of Current Driv	Access Form acy Statement	icient applications will <u>not</u> be accepted)
DEPARTMENT USE ONLY				
Date received Signature Signature		Signature		Date of Action
	Disapproved			



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Privacy Statement

Statutory Authority:

Article 5E, 90-113.70 the North Carolina Controlled Substances Reporting System Act, requires the Department of Health and Human Services to establish and maintain a controlled substances prescription reporting system of dispensed prescriptions for all Schedule II-V controlled substances. The purpose of this legislation is to improve the State's ability to identify controlled substances abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

Access to Information:

NCGS 90-113.74. (c) (1) authorizes DHHS to release data from the Controlled Substances Reporting System to persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for their patients.

NCGS 90-113.74. (c) (3) authorizes DHHS to release data from the Controlled Substances Reporting System to Special agents of the North Carolina State Bureau of Investigation who are assigned to the Diversion & Environmental Crimes Unit and whose primary duties involve the investigation of diversion and illegal use of prescription medication and https://www.who.are.engaged-in-a-bona fide-specific-investigation-related-to-enforcement-of-laws-governing-licit drugs. The SBI shall notify the Office of the Attorney General of North Carolina of each request for inspection of records.

Unlawful Disclosure:

Prescription information in the Controlled Substances Reporting System is privileged and confidential, is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any other use in civil proceedings, and except as otherwise provided in Article 5E, may only be used for investigative or evidentiary purposes related to violations of State or federal law and regulatory activities. Except as otherwise provided in Article 5E, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review prescription information.

As per 90-113.75., a person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed ten thousand dollars (\$10,000) per violation. The clear proceeds of penalties assessed under this section shall be deposited to the Civil Penalty and Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes.

Account Agreement:

By signing this agreement I understand that inappropriate access or disclosure of this information is a violation of North Carolina law. I hereby agree to follow the security and password policies of the NC Controlled Substances Reporting System. I agree that user account additions, deletions, and changes will be submitted in writing. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Signature:	Date:
Print Name:	