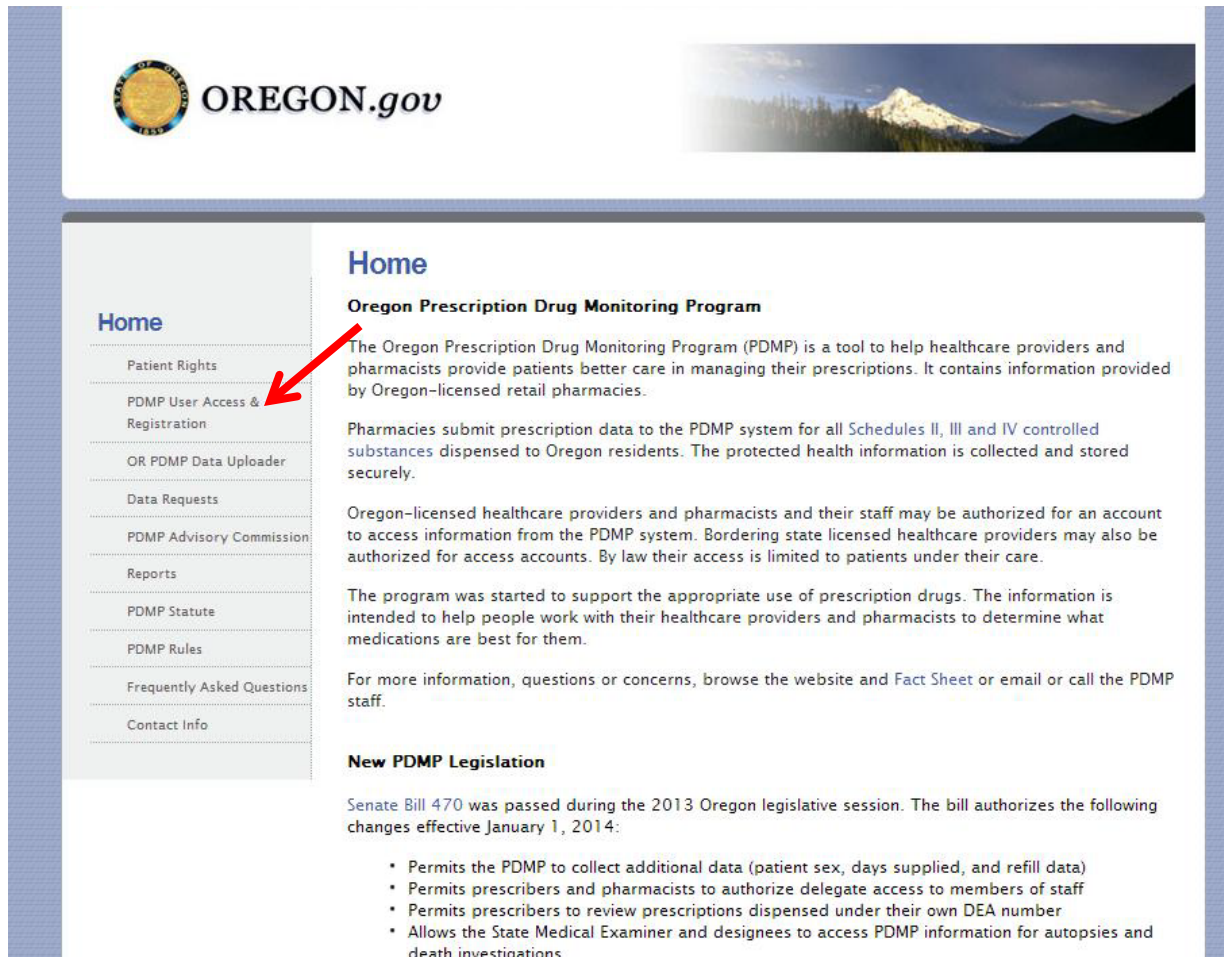


ORPDMP.COM Home Page



The screenshot shows the ORPDMP.COM Home Page. At the top left is the Oregon State seal and the text "OREGON.gov". To the right is a landscape image of a snow-capped mountain. Below the header is a navigation menu on the left with the following items: Home, Patient Rights, PDMP User Access & Registration (highlighted with a red arrow), OR PDMP Data Uploader, Data Requests, PDMP Advisory Commission, Reports, PDMP Statute, PDMP Rules, Frequently Asked Questions, and Contact Info. The main content area is titled "Home" and contains the following sections:

Home

Oregon Prescription Drug Monitoring Program

The Oregon Prescription Drug Monitoring Program (PDMP) is a tool to help healthcare providers and pharmacists provide patients better care in managing their prescriptions. It contains information provided by Oregon-licensed retail pharmacies.

Pharmacies submit prescription data to the PDMP system for all Schedules II, III and IV controlled substances dispensed to Oregon residents. The protected health information is collected and stored securely.

Oregon-licensed healthcare providers and pharmacists and their staff may be authorized for an account to access information from the PDMP system. Bordering state licensed healthcare providers may also be authorized for access accounts. By law their access is limited to patients under their care.

The program was started to support the appropriate use of prescription drugs. The information is intended to help people work with their healthcare providers and pharmacists to determine what medications are best for them.

For more information, questions or concerns, browse the website and [Fact Sheet](#) or email or call the PDMP staff.

New PDMP Legislation

Senate Bill 470 was passed during the 2013 Oregon legislative session. The bill authorizes the following changes effective January 1, 2014:

- Permits the PDMP to collect additional data (patient sex, days supplied, and refill data)
- Permits prescribers and pharmacists to authorize delegate access to members of staff
- Permits prescribers to review prescriptions dispensed under their own DEA number
- Allows the State Medical Examiner and designees to access PDMP information for autopsies and death investigations

Everyone registers in the same location, including delegates.
To begin registering, click on “PDMP User Access & Registration.”

Registration Page

The screenshot shows a web browser window with two tabs: 'Recipient Query' and 'Oregon PDMP Public Portal'. The address bar shows the URL 'www.orpdmp.com/health-care-provider/'. The page has a blue header and a left sidebar with a 'Home' menu. The main content area is titled 'Healthcare Providers & Pharmacists' and contains the following text:

Home

- Patient Rights
- Healthcare Providers & Pharmacists
 - Provider's Query Site Login
- Terms & Conditions
- Healthcare Provider Guide
- Provider FAQ
- Provider Resources
- Patient Outreach Materials

OR PDMP Data Uploader

Data Requests

PDMP Advisory Commission

Reports

PDMP Statute

PDMP Rules

Frequently Asked Questions

Contact Info

Healthcare Providers & Pharmacists

About the PDMP

On September 1, 2011 the Oregon Prescription Drug Monitoring Program (PDMP) system went online. The OHA grants PDMP system accounts to licensed healthcare providers and pharmacists and their staff so that they may look up controlled substance information on their own patients via the Web using a user name and password. For additional information, see Provider Frequently Asked Questions.

Please Read: Conditions of using an account as well as its appropriate use.

Healthcare providers and pharmacists and their staff must apply individually to the PDMP for a user account to access information from the system—see instructions below. Access is granted to individuals only—not to clinics, hospitals, pharmacies or any other health care facility.

Account sharing is prohibited by law.

PDMP Account Request Procedure

At the end of the directions is the link to register, please read the directions first:

Click the Terms & Conditions link located on the left menu to open and read.

1. Make certain that you can print from the computer you are registering at.
2. Your initial login: Username: newacct Password: welcome
3. Complete the form in it's entirety. Note to Delegates: On the drop down menu "License Type" you will choose "Delegate" this will allow you to leave the DEA number and License number fields blank.
4. Print the hardcopy of the form you filled out online and have it notarized.
5. Mail the completed, signed and notarized form to

Oregon Prescription Monitoring Program - IPE
PO Box 14450
Portland, OR 97293-0450

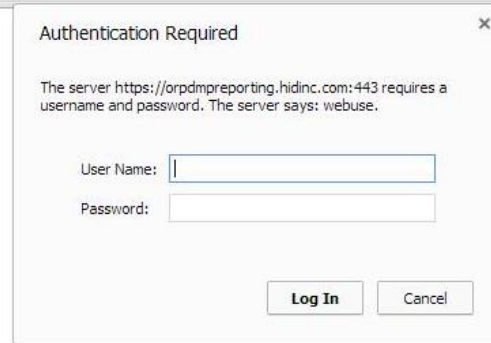
[Click here to begin Registration](#)

The PDMP staff will review your application 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 e-mail. This e-mail will contain your assigned

Each user needs to read the "Terms and Conditions."
After reading the terms and conditions you can begin registering.
Make certain that you are at a computer you can print from.

Initial Login



Authentication Required

The server <https://orpdmpreporting.hidinc.com:443> requires a username and password. The server says: webuse.

User Name:

Password:

To access the registration form enter in the above fields:

User Name: newacct

Password: welcome

Registration Info



OREGON.gov

Oregon Prescription Drug Monitoring



New Accounts

Provider/Pharmacist
Account Request Form



Provider/Pharmacist Account Request Form

* LAST Name: * FIRST Name: Middle Initial: Suffix (Jr, Sr, etc.):

* Date of Birth (MM/DD/YYYY):

* State License Number (without prefix - ex. 12345, Practitioners/Pharmacists only): * License Type:

* Date Licensure Expires (MM/DD/YYYY, Practitioners/Pharmacists only):

* DEA Number (Practitioners only): NPI (If applicable):

* Facility/Practice Name:

* Mailing Address:

* City: * State: * Zip Code:

County:

* Email Address: * Phone #: Fax #:

* Security Question:

* Security Question Answer:



Print for Notarization



Prescription Drug Monitoring Program | 800 NE Oregon St., Suite 772
Portland, OR 97232 Phone: 971-673-0741 | Fax: 971-673-0990
E-mail: pdmp.health@state.or.us

Everyone, including delegates, will make a selection in the “License type” drop down menu. Delegates should leave **State License Number**, **Date Licensure Expires**, **DEA #**, and **NPI** blank. All account applicants should fill all applicable fields out. Once the form is complete, print it out and have it notarized. The form must be mailed in.



****Office Use Only****

____/____/____
Date Received

10243774
Request Number

Provider/Pharmacist Account Request Form

Oregon PDMP - IPE
PO Box 14450
Portland, OR 97293-0450

STEPS TO REQUEST AN ACCOUNT:

- (1) Complete the form online
- (2) [Print out the form](#)
- (3) Get the form notarized
- (4) Mail the notarized form to the address above

REQUESTOR INFORMATION

Registration ID: 10243774 Registration Date: 02/19/14 18:59:53
 Name: Fake Fakerson
 Date of Birth: 01/01/1970
 State License Number: License Type: Delegate
 Date Licensure Expires: ?
 DEA Number: NPI:
 Facility/Practice Name: Medical Group
 Mailing Address: 1st SW 1st
 City: Portland State: OR Zip Code: 97201
 County: Multnomah Email Address: myemail@email.com
 Phone #: 555-555-5555 Fax #: 555-555-1111
 Security Ques: What is your mothers maiden name Answer: Fakerson

By signing this form I certify that I have read and agree to all of the Terms and Conditions of the Account Use Agreement. I understand that the data that I obtain from the PDMP system is protected health information and that knowingly disclosing the data in violation of state or federal laws relating to the privacy of health care data is grounds for disciplinary action by the appropriate health-related licensing board and may subject me to civil and criminal penalties.

Signature of Affiant
STATE OF OREGON)
COUNTY OF _____)

Date

AFFIDAVIT

Before me, the undersigned authority in and for the State of Oregon, personally appeared:

who is known to me and who after being first duly sworn deposes and says that the above and foregoing document is true and correct to the best of his/her knowledge, information, and belief formed after reasonable inquiry.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Seal

Completed registration form. This form is ready to be notarized and mailed. (The data on the example form is false.)