Prescription Monitoring Program Notification

By signing this form, you confirm that you have been notified, in writing, that if you receive a prescription for a controlled substance (narcotic drug) from our office and fill that prescription at pharmacy in Rhode Island, certain identifying prescription information, including the name of the patient, will be entered into a secure database maintained by the Rhode Island's Prescription Monitoring Program (PMP). State law requires pharmacies to report information about controlled substances prescriptions filled into the PMP database maintained by the Rhode Island Department of Health.

This database is used to help prevent inappropriate uses of controlled substances – like fraud and diversion. The PMP database contains only records related to controlled substances (narcotic drugs like painkillers, muscle relaxants and steroids). It does not contain records about other prescription drugs like antibiotics, antidepressants or any other category of prescription medication.

Only authorized individuals, ,like healthcare providers that prescribe controlled substances and law enforcement under very limited circumstances, can access the database and only for tightly defined uses. As long as you are using controlled drugs appropriately, there shouldn't be reason for concern. If you do not want your information in the database, please ask your dentist to prescribe a non-narcotic drug for you.

More information about Rhode Island's Prescription Monitoring Program, including copies of individual prescription drug records stored in the database, can be obtained from the Rhode Island Department of Health by calling 401 222-4747 or emailing ripmp@health.ri.gov.

I have read and understand this information.	
Signature of Patient or Guardian	 Date
If this notification is signed by a personal representation complete the following:	tive on behalf of the patient,
Personal Representative Name:	
Relationship to the Patient:	