



Arizona State Board of Pharmacy  
Controlled Substances Prescription Monitoring Program  
Fax: 602-771-2748  
[pmp@azpharmacy.gov](mailto:pmp@azpharmacy.gov)  
<https://pharmacypmp.az.gov/>

## LAW ENFORCEMENT, LICENSING BOARD INVESTIGATOR & AHCCCS PRIVACY STATEMENT

### **Statutory Authority:**

Arizona Revised Statutes § 36-2601 *et seq.*, the Arizona Controlled Substances Prescription Monitoring Program Act.

### **Access to Information:**

A.R.S. § 36-2604(C)(1) authorizes the Arizona State Board of Pharmacy (ASBP) to release the data from the Controlled Substances Prescription Monitoring Program (PMP) to persons authorized to prescribe or dispense controlled substances **for the purpose of providing medical or pharmaceutical care to a patient or to evaluate a patient.**

### **Unlawful Disclosure:**

Any person who is granted access to the information in the PMP database and who knowingly or negligently discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order, or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a Class 6 felony.

I understand that inappropriate access or disclosure of this information is a violation of Arizona law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

### **Account Agreement:**

By signing this agreement, I agree to adhere to the security and password policies of the ASBP PMP. I agree not to disclose or misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account password with anyone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **Further Instructions:**

Return this completed form to the PMP with copies of your current driver license/state ID and employment ID badge.

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