

South Dakota

Prescription Drug Monitoring Program

4001 W Valhalla Blvd, Suite 106

Sioux Falls, SD 57106

P: 605-362-2737 F: 605-362-2738

W: <https://doh.sd.gov/licensing-and-records/boards/pharmacy/prescription-drug-monitoring-program/>

Email: sdpdmp@state.sd.us

LAW ENFORCEMENT DATA ACCESS REQUEST FORM

Overview of PDMP Data Access for Law Enforcement Officials

The South Dakota Prescription Drug Monitoring Program (SD PDMP) collects prescription data on all Schedule II-IV controlled substances as well as those federal schedule V controlled substances (such as certain codeine-containing cough syrups) which are designated as schedule IV in South Dakota. Reporting is required from all in-state pharmacies and other dispensers, as well as those out-of-state pharmacies that ship controlled substances to South Dakota residents. Indian Health Service and Veteran Administration facilities also submit data to the SD PDMP. The program is intended to assist healthcare professionals in providing patient care and to reduce the abuse and misuse of controlled substances.

Law enforcement officials engaged in the enforcement of laws related to controlled substances who seek information for the purpose of an investigation or prosecution of the drug-related activity or probation or parole compliance of an individual may submit a request.

Instructions

- 1** Review the Terms and Conditions of Account Use Agreement.
- 2** Complete the form, sign, and mail the original form to the PDMP (South Dakota Board of Pharmacy) office. Make a copy for your records and store it in a secure location.
- 3** After you have been approved for access to the PDMP database, you will receive an email with instructions for submitting profile requests.

TERMS AND CONDITIONS OF ACCOUNT USE AGREEMENT

Statutory Authority

The South Dakota Board of Pharmacy was given authority under SDCL 34-20E to establish and maintain a program for the monitoring of prescribing and dispensing controlled substances. The goal of the program is to promote public health and welfare by preventing the abuse and misuse of the prescription medications classified as controlled substances.

Access to Information

Access to information in the South Dakota Prescription Drug Monitoring Program (PDMP) is available to local, state and federal law enforcement officials engaged in the enforcement of laws related to controlled substances who seek information for the purpose of an investigation or prosecution of the drug-related activity or probation or parole compliance of an individual.

Information Errors

The information accessed from the PDMP database may contain errors and omissions and should not be used as a sole resource in conducting an investigation. The records in the database are based on information submitted by pharmacies.

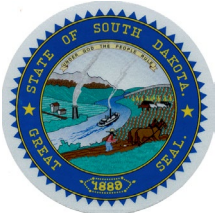
Unlawful Disclosure

SDCL 34-20E-19. Knowing disclosure of information in violation of chapter as felony. Any person authorized to have prescription monitoring information pursuant to this chapter who knowingly discloses such information in violation of this chapter is subject to a Class 6 felony.

The data from the PDMP system is protected health information, and any information accessed must be treated as confidential. Any person who intentionally makes an unauthorized disclosure of information from the PDMP database will be subject to appropriate civil and criminal penalties (SDCL 34-20E-19). Individuals who obtain PDMP information must implement appropriate administrative, physical, and technical safeguards to reasonably ensure the privacy and security of the controlled substance prescription information.

Account Agreement (Terms of Account Use)

- 1** I understand that my access to data from the South Dakota Prescription Drug Monitoring Program is granted only with the authority and rights allowed under SDCL 34-20E and ARSD 20:51:32.
- 2** I understand I may only request information from the system when engaged in the enforcement of laws relating to controlled substances and for seeking information for the purpose of an investigation or prosecution of drug-related activity or probation or parole compliance of an individual.
- 3** I understand that the PDMP will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.
- 4** I agree to treat any information accessed as confidential and will reasonably ensure the privacy and security of the controlled substance prescription information to protect against any improper disclosure.
- 5** I understand that inappropriate disclosure of information received from the PDMP is a violation of SDCL 34-20E-19 and may result in criminal, civil, or administrative sanctions.
- 6** I understand that the information I access from the PDMP database may contain errors and omissions.
- 7** I understand that by signing and submitting the Data Access Request Form to PDMP, I am agreeing to follow the Terms and Conditions of this Account Use Agreement. Furthermore, I understand that if I violate the terms and conditions of this agreement, I am subject to sanctions and my access to the system will be revoked.



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DATA ACCESS REQUEST FORM: LAW ENFORCEMENT OFFICIALS

All fields are required. Mail completed original form to the address above.

Officer's Information

First Name _____ Last Name _____

Title _____ Email Address _____

DOB _____ Badge Number/Call Sign _____

Agency Information

Agency Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone Number _____ Fax Number _____

Chief Law Enforcement Officer's Information

First Name _____ Last Name _____

Title _____ Email Address _____

I affirm that all information on this registration form is true and that all requests made pursuant to approval of this registration will be used for legitimate purposes. All data obtained from the site should be treated as protected health information and handled in accordance with all federal and state laws. I agree to abide by the [Terms and Conditions of Account Use](#).

Officer's Signature _____ Date _____

Chief Law Enforcement Officer's Signature _____

NOTARY PUBLIC USE ONLY

Subscribed and verified before me in the County of _____, State of _____,

This _____ day of _____, 20_____.

NOTARY PUBLIC _____

(Notary Stamp Here)

My Commission expires on: _____

PDMP OFFICE USE ONLY Date Recd _____ AG App _____ Email User _____