



Data Use Agreement for Prehospital Opioid Overdose Reporting



Notice: Pursuant to A.A.C. R9-4-602(A), your entity is required to submit opioid poisoning-related data to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS) in order to identify the extent, frequency, and geographical distribution of opioid/opiate overdoses as a means of monitoring and evaluating the reduction of associated overdoses and deaths; thus constituting a performance improvement and quality assurance initiative not subject to subpoena or civil discovery under A.R.S. § 36-2220, § 36-2221, and § 36-2401 et seq. An example of the mandated reportable data elements is attached for your review.

Complete this form in its entirety and submit to the Bureau of EMS and Trauma System (BEMSTS) via either of the methods below.

Email: Anne.Vossbrink@azdhs.gov

Fax: 602-364-3568 (Attn: Anne Vossbrink)

Entity Point of Contact (POC) Information

Entity POC Name: _____

Entity POC Title: _____

Entity POC Phone: _____

Entity POC Email: _____

Entity Identifying Information

Entity Name: _____

Entity Type: Emergency Medical Services
 Law Enforcement
 Other Health Care Professional

If EMS, do you hold a Certificate of Necessity (CoN)?
 Yes - CoN # _____
 No

Entity Location

Headquarters Address: _____

Headquarters City: _____

Headquarters County: _____

Headquarters Zip Code: _____

Entity Service Area

List all Zip Codes within your entity's service area boundary: _____

Acknowledgement

By signing below, I acknowledge on behalf of my entity identified above, that we will be accessing and submitting data to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS), an electronic database maintained by the Arizona Department of Health Services (ADHS) which holds Personally Identifiable Information (PII) and Protected Health Information (PHI) that is regulated by both state and federal law.

I hereby provide the following assurances and agreement regarding the use and protection of PII/PHI for the purposes of opioid poisoning-related activities: (a) I will safeguard the data from unauthorized access; (b) I will not release any patient-level data and/or individual patient records and/or any part thereof to any unauthorized person for any reason; (c) I will not use the data for any purpose(s) other than the purpose(s) herein described; (d) I will immediately notify the Arizona Department of Health Services in writing upon learning of any data security breach and/or any violation of this agreement.

I have read this document in its entirety; I understand the content of this document; and I have indicated such by affixing my signature below.

Signature: _____ Date: _____

For Bureau Internal Use Only

Date Received:

AZ-PIERS Agency Name:

AZ-PIERS ID #: