



Alabama Prescription Drug Monitoring Program

Account Registration Form

Law Enforcement



Please provide the information requested below.					
Last Name:*		First Name:*		Middle Initial:	
Last Four Digits of SSN: *			Date of Birth:*		
Agency Name:*					
Street Address:*					
City:*		State:*	Zip Code:*		
APOST Certification Number:*(if applicable)			Title:*		
Phone:*			Fax:		
Email:*					
Chief Law Enforcement Officer's Last Name:*			Chief Law Enforcement Officer's First Name:*		
Title:*			Phone:*		
Email:*			Fax:		
Security Question:*			Security Answer:*		
<i>* indicates a required field</i>					

Privacy Statement

Statutory Authority: The Alabama Department of Public Health was given authority under Code of Ala. 1975§ 20-2-210 et seq. to establish, create, and maintain a controlled substances prescription database program. This program is to promote the public health and welfare by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances under the Alabama Uniform Controlled Substances Act.

Access to Information:

Law Enforcement

In accordance with Code of Ala., § 20-2-214, "state and local law enforcement authorities authorized to access prescription information upon application to the department accompanied by a declaration that probable cause exists for the use of the requested information."

Unlawful Disclosure:

Any person who intentionally makes an unauthorized disclosure of information contained in the controlled substances prescription database shall be guilty of a Class A misdemeanor. Any person or entity who intentionally obtains unauthorized access to or who alters or destroys information contained in the controlled substances database shall be guilty of a Class C felony. (Code of Ala. 1975, § 20-2-216)

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



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Account Agreement:

By signing this agreement I hereby agree to follow the security and password policies of the Prescription Drug Monitoring Program. I agree to not disclose nor misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program. Any person who falsely swears, by signing this form, shall be guilty of a Class A misdemeanor (Code of Ala. 1975, § 13A-10-102).

I certify under penalty of perjury under the laws of the State of Alabama that the foregoing is true and correct.