



Vermont Prescription Monitoring System
Vermont Department of Health
Division of Alcohol and Drug Abuse Programs
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VPMS Privacy Statement

Statutory Authority:

The Vermont Prescription Monitoring System ("VPMS"), created by 18 V.S.A Chapter 84A, authorizes the Department to establish an electronic database and reporting system to track the prescribing and dispensing, of Schedule II, III, and IV controlled substances dispensed by a medical practitioner or pharmacy. The purpose of the VPMS is to promote the public health through enhanced opportunities for treatment for and prevention of abuse of controlled substances, without interfering with the legal medical use of those substances.

Access to Information:

18 V.S.A § 4281 authorizes the Vermont Prescription Monitoring System (VPMS) to allow access to persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical treatment to a current patient.

Unlawful Disclosure:

Any person who is granted access to the information in the VPMS database and who knowingly discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, or as otherwise expressly authorized by 18 V.S.A. § 4284(b) shall be punishable by imprisonment for not more than one year or a fine of not more than \$1,000.00, or both, in addition to any penalties under federal law. (18 V.S.A. §4284).

I understand that inappropriate access or disclosure of this information is a violation of Vermont 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 hereby agree to follow the security and password policies of the Vermont Prescription Monitoring System. 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.

Signature: _____

Date: _____

Print Name: _____