



# Data Use Agreement for Prehospital Opioid/Overdose Reporting



**Notice:** As a first responder, your entity is now mandated to submit data to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS) as part of the opioid overdose Public Health State of Emergency declared by Governor Ducey on June 5, 2017. The data your entity submits will be used for Enhanced Surveillance pursuant to A.R.S. §36-782(B) 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 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 naloxone/Narcan reporting and Enhanced Surveillance 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 #: