



DEPARTMENT OF JUSTICE (DOJ) CONSENT FOR USE OF PERSONAL INFORMATION FROM CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES)

This form is provided to you as the patient or research subject. A Bona Fide Researcher is required to submit the completed form with any Data Request Application for Identified Individual-Level Data under article 3 of the California Code Regulations, title 11, chapter 8.5. Please read all sections carefully. Complete sections E and F if you wish to consent to the Bona Fide Researcher's use of your personal information from CURES.

Section A. CURES Database and Data Privacy

When a patient is prescribed a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance that is dispensed by a California-licensed dispenser, the dispenser is required to report information about the order and dispensation of that controlled substance to California's prescription drug monitoring program (PDMP). The California DOJ administers California's PDMP, known as the CURES.

Controlled substance prescription and dispensation records maintained in CURES may include, as applicable: patient last name, patient first name, patient middle initial, patient date of birth, patient gender, animal name, animal owner last name, animal owner first name, animal owner middle initial, animal owner date of birth, animal owner gender, patient address, number of prescriptions for patient entity, contract provider name, contract provider contact number, contract expiration date, date filled, date sold, drug name, number of refills, number of authorized refills, drug strength, drug form, days' supply, quantity, daily morphine milligram equivalency, total morphine milligram equivalency per prescription, prescriber name, prescriber DEA number, prescriber city, pharmacy name, pharmacy license number, pharmacy city, prescription form serial number, prescription form status, prescription number, payment method, graph of daily morphine milligram equivalency, total number of prescriptions, and total number of active prescriptions.

California law protects the confidentiality of your personal information in CURES, limits who can access your personal CURES information, and restricts how your personal CURES information can be used. (Civ. Code, § 1798 et seq. (The Information Practices Act); Health and Saf. Code, §§ 11165, subd. (c), 11165.4, subd. (e); Cal. Code Regs., tit. 11, ch. 8.5.) California law also allows researchers who meet certain requirements (Bona Fide Researchers) to obtain data from CURES for certain types of research projects (Bona Fide Research). (Health & Saf. Code, § 11165, subds. (a) & (c)(2)(a); Cal. Code Regs., tit. 11, ch. 8.5.) Additionally, members of the research team (Team Members) may access or analyze data obtained by a Bona Fide Researcher from CURES. (Cal. Code Regs., tit. 11, ch. 8.5.)

The Bona Fide Researcher must provide you a copy of the current, relevant CURES regulations with this form.

Section B. Withdrawal of Consent and Access to Records Acquired

To withdraw consent for use of your personal CURES information, or to obtain copies of the records containing your personal CURES information obtained for the Bona Fide Research project, please contact the Bona Fide Researcher identified in Section D. Please retain a copy of your correspondence for your records. You may withdraw consent during the data acquisition period. The recommended data acquisition period is provided in Section C, but you may specify a different data acquisition period in Section F, Item 4. If you do not specify any data acquisition period, the recommended period will apply. Further information regarding withdrawal of consent is included in Section F, Items 5 and 6.



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This form is invalid if this page has not been completed by the DOJ Research Center.

Section C. Approved Research Project Information

CURES Bona Fide Research Project Number:

The DOJ Research Center has approved a Bona Fide Research project by:

Public Agency/Research Body Name

Bona Fide Researcher

This Bona Fide Research project will study:

Bona Fide Research project name or description of Bona Fide Research

The specific personal information that will be studied is:

Attach more pages as necessary; # of pages attached _____

This Bona Fide Research project will examine Identified Individual-Level Data collected during the period of:

through

Start date of data collection period

End date of data collection period

The recommended data acquisition consent dates for this Bona Fide Research project are:

through

Start date of data acquisition period

End date of data acquisition period

The individual may choose to permit different data acquisition dates. (See Section F).

The Bona Fide Research project is anticipated to begin on _____ and end on _____ .
Start Date End Date

Section D. Researcher Contact Information

You may contact the Bona Fide Researcher as follows:

Bona Fide Researcher Name

Email Address

Phone Number

Address

City

State

Zip Code



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Section F. Acknowledgements and Verification of Consent

If you agree to allow your personal CURES information to be used in the Bona Fide Research project identified in Section C, please read each statement below carefully, initial each statement to indicate your acknowledgement, then sign and date the Verification. As used in this section, "my personal CURES information," means all controlled substance prescription dispensation records returned from CURES that match the exact variations of name, date of birth, and address set forth in Section E.

Important: You are not required to consent to this use of your personal CURES information. Completion of this form is strictly voluntary.

1. I understand that I am *not* required to give my consent to the request to include my personal CURES information in the study. _____ (initial here)
2. I understand that my identity will never be revealed in any publication, study, report, or otherwise, except to the Bona Fide Researcher and Team Members. _____ (initial here)
3. I have read the description of the Bona Fide Research project identified in Section C for which my personal CURES information has been requested and understand the purpose(s) of the Bona Fide Research project to my satisfaction. _____ (initial here)
4. I understand and agree that the Bona Fide Researcher may acquire my personal CURES information from CURES during the data acquisition period from _____ to _____ for the Bona Fide Research project identified in Section C. Recommended data acquisition dates for this Bona Fide Research project are provided in Section C, but I may choose different dates. _____ (initial here)
5. I understand I may withdraw consent for use of my personal CURES information during the data acquisition period identified in this section, but that my personal CURES information will not be removed from any Bona Fide Research project that has already been completed as of the time I withdraw consent. However, when the Bona Fide Research project is completed, the Bona Fide Researcher must ensure the elimination from all records of anything individually identifying me, and must certify to the DOJ that all confidential information is destroyed at the end of the Bona Fide Research project.
_____ (initial here)
6. I understand that if I withdraw *this* consent for use of my personal CURES information, it does not guarantee that my personal CURES information that was collected under a *separate* consent form will be removed from the Bona Fide Research project. Each of my consents must be withdrawn individually. _____ (initial here)
7. I understand that I have a right to request *from the Bona Fide Researcher* the CURES records containing my personal information obtained by the Bona Fide Researcher, and that those CURES records must be provided to me. _____ (initial here)
8. I certify that all personal identifying information I am providing is my own. _____ (initial here)



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VERIFICATION

I have read the instructions contained within this form. By submitting this request, I represent that I am the person identified in Section E whose records are being requested. I also represent that the information I have provided herein is true to the best of my knowledge, and I understand that it is illegal to report false or misleading information. I understand that without a completed form and signature, this form will not be processed.

Executed on _____, 20____, at _____, _____.

Date Year City State

Name

Signature

IDENTITY VERIFICATION

IF NO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED.

Copy of Identification Attached

Identification Type:

Driver's License, DMV Identification Card, Birth Certificate, Benefits Identification Card, Managed Care Card, State or Federal Employee Card

Identification or Card Number: _____



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the DOJ collects the information requested on this form as authorized by California Health and Safety Code sections 11165(d), and 11190(c). The CJIS Division uses this information to process Bona Fide Researcher's Data Request Applications, in order to provide data from CURES for statistical analysis, education, and research. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. If you do not complete sections E and F, your information will not be shared with the Bona Fide Researcher.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to provide data from CURES for statistical analysis, education, and research, we may share the information you give us with the researcher (Bona Fide Researcher) and members of the research team (Team Members).

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the DOJ Research Center at (916) 210-3256, by e-mail at DataRequests@doj.ca.gov, or by mail at:

Office of the Attorney General
California Department of Justice
P.O. Box 903417, Room G-110
Sacramento, CA 94203-4170