

# Retail Pharmacy Participation Agreement

In accordance with chapter 686, Oregon Laws 2003, partially codified at ORS 442.820 - 442.835, and OAR 325, Division 15:

\_\_\_\_\_ (hereinafter “retail pharmacy participant”) agrees to participate with the Oregon Patient Safety Commission (hereinafter “Commission”) in the Oregon Patient Safety Reporting Program.

By signing this agreement, the retail pharmacy participant acknowledges that it has reviewed chapter 686, Oregon Laws 2003, partially codified at ORS 442-820 - 442.835, and OAR 325, Division 15, and understands its obligations as a retail pharmacy participant as that term is defined in OAR 325-015-0001(3). Specifically, the retail pharmacy participant agrees to:

1. Report to the Commission all *reportable adverse events*, as defined in OAR 325-015-0001(8);
2. Provide the Commission with complete, thorough, and credible information about each reportable adverse event within 45 calendar days of discovery, using the Commission’s reporting template (OAR 325-015-0025);
3. Have adopted written policies and procedures describing patient safety activities (OAR 325-015-0005(4)), including:
  - a. how it triages adverse events;
  - b. how it investigates adverse events;
  - c. how it provides notice of adverse events to a patient and/or the patient’s personal representative;
4. Share its patient safety policies and procedures with the Commission if asked to do so (OAR 325-015-0005 (4));
5. Provide timely written notification to each patient affected by a reportable serious adverse event, or if necessary, to the patient’s personal representative (OAR 325-015-0045); and
6. Designate a manager with clear organizational responsibility for patient safety as a contact person to the Commission (OAR 325-015-0005).

The Commission will maintain the confidentiality of “patient safety data” as that term is defined in Section 1(3), Chapter 686, Oregon Laws 2003 and OAR 325-015-0001(7), in accordance with chapter 686, Oregon Laws 2003, partially codified at ORS 442.820 - 442.835 and OAR 325, Division 15. The Commission will use the information provided by the retail pharmacy participant only for performing patient safety activities.

This agreement may be terminated by the retail pharmacy participant upon written notice delivered to the Commission. Termination will be deemed effective upon receipt of the notice by the Commission.

If the Commission determines that the retail pharmacy participant has substantially failed to comply with the participation requirements, or has failed to pay its required annual fee, the Commission may suspend or revoke the retail pharmacy participant's enrollment in the Oregon Patient Safety Reporting Program as long as the Commission has complied with OAR 325-015-0015(3).

The confidentiality provisions of this agreement remain in effect indefinitely after the agreement is terminated.

This agreement may be amended. Amendments shall become effective when produced in writing and signed by all parties.

The Commission and retail pharmacy participant are the only parties to this agreement and are the only parties entitled to enforce its terms. Nothing in this agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this agreement.

Consistent with and to the extent provided in Section 12, Chapter 686, Oregon Laws 2003, for patient safety activities undertaken or made in good faith in accordance with this agreement, none of the provisions of this agreement should be deemed or construed to create, provide or serve as a basis for any action for breach of contract, tort liability, regulatory enforcement or any other claim of any kind or nature in connection with these patient safety activities.

This agreement constitutes the entire agreement between the parties.

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To submit this participation agreement, please email to [info@oregonpatientsafety.org](mailto:info@oregonpatientsafety.org) or fax to 503-224-9150. We will return a fully executed copy to you along with a certificate of participation.

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**Retail Pharmacy** Name

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**PSRP Manager** Name of person authorized to give staff access to view and submit adverse event reports

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Title Email

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Phone Fax

In accordance with OAR 325-015-0005(3), this agreement must be signed by the retail pharmacy's principal owner or regional chief executive or equivalent.

In witness thereof, the parties hereto have caused this agreement to be executed as of the date set forth herein by their duly authorized representatives.

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**Responsible Executive** Signature Date  
(if different from above)

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Printed Name Email

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**Pharmacist in Charge** Name

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**Principal Owner/Chief Executive** Signature Date

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Printed Name

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**Oregon Patient Safety Commission** Date  
**Executive Director** Signature

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Printed Name