



# Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
José R. Romero, MD, Secretary of Health

## Arkansas Prescription Drug Monitoring Program

### PATIENT REPORT REQUEST FORM

All requests for, uses of, and disclosures of prescription drug monitoring information by authorized persons shall meet the requirements of Act 304 of 2011 and amendments thereto.

#### **Request by Patient:**

A patient may obtain a free copy of a report of their own prescription monitoring program information. The patient shall submit a written notarized request for this information to the Arkansas Prescription Drug Monitoring Program (AR PDMP). The patient must:

- 1) make an appointment with the AR PDMP to receive the report, OR
- 2) mail in notarized form with a copy of their valid government issues identification.

The request shall be in the format established by the AR PDMP and shall include the following elements:

- Patient's full name
- Patient's date of birth
- Patient's residential address
- Patient's telephone number
- Time period for which information is being requested
- A valid government issued photographic proof of identity. (The patient shall allow photocopying of the identification.)

#### **Request by Parent or Legal Guardian:**

A parent or legal guardian of a minor child may obtain a free copy of a report of their child's program information. A parent or guardian shall submit a written request as described for a patient. The valid government issued photographic proof of identity shall be for the parent or legal guardian.

In addition, a parent of a minor child must provide a certified copy of the minor child's birth certificate showing the requesting parent's name, or a legal guardian must provide official documents establishing legal guardianship



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## Patient PDMP Report Request Form

A patient, or a parent or legal guardian of a minor child may obtain a report listing all prescription monitoring program information that pertain to the patient directly from the Arkansas Department of Health.

Present the following items in person or mail to the address at the bottom of the page:

- Notarized Request Form
- Valid government issued photo identification
- Certified copy of the minor child’s birth certificate (if parent) or official documents establishing legal guardianship (if legal guardian of a minor child)

**FOR IN PERSON PICK UP:** Please call 501-683-3960 and make an appointment with the AR PDMP to pick up the report(s).

**FOR RECORDS TO BE MAILED:** Please mail the notarized form along with a copy of the patient’s valid government issued photo identification. The AR PDMP will mail the requested reports to only the address listed on the photo identification.

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### Patient Information (Please Print or Type)

Full Name _____	Previous Address _____
Date of Birth _____	(If less than 1 year at current address)
Street Address _____	Phone _____
City _____ State _____ Zip _____	Date Range of Report _____ (Up to 5 previous years)

### Patient Signature (Or Parent or Legal Guardian of a Minor Child)

By submitting this request, I authorize the AR PDMP to search and print my prescription dispensation information.

### PLEASE SELECT REPORTS REQUESTED:

- Controlled Substance Prescription History*
- Patient Search History (a report that lists the searches for your PDMP records)*

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### Notary Public Use Only

Subscribed and sworn to before me in the County of \_\_\_\_\_, state of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

My Commission expires \_\_\_\_\_

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### Office Use Only

Received by \_\_\_\_\_ Received on \_\_\_\_\_ ID used \_\_\_\_\_