



Substance Abuse
and Mental Health Services
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Prescription Monitoring Program

11 State House Station, 41 Anthony Avenue

Augusta, ME 04333

Phone: (207) 287-3363

Fax: (207) 287-8910

PATIENT REQUEST FOR DISCRETIONARY DISCLOSURE OF INFORMATION FROM PRESCRIPTION MONITORING PROGRAM

Please provide the information requested below. (Print or Type) Use full name - not initials.

Full Name of Patient	Date of Birth (MM/DD/YYYY)
Street Address of Patient	Previous Address (if recently moved)
City, State and Zip Code of Patient	Telephone Number of Patient (including Area Code) ()

If the report is going to an Authorized Representative, then please fill out the information below:
(Also, please attach your proof of patient authorization for a representative.)

Full Name of Authorized Representative	
Street Address	
City, State, and Zip Code of Authorized Representative	Telephone Number of Authorized Representative (including Area Code) ()

Specific time period to be covered in report (earliest record available, 07/01/2004):

Request must be accompanied by a copy of a valid photo identification issued by a government agency of any jurisdiction in the United States of America.

Request form must include notarized signature(s).

Patient's Signature

Patient Authorized Representative's Signature

For Department Use Only

Date Received	Date of Action
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PMP RULES LINK: <http://www.maine.gov/dhhs/samhs/osa/data/pmp/rules.htm>

SECTION 7. Access to Prescription Monitoring Information

1. By patients.

- A. A patient, or a patients' authorized representative, may obtain a report listing all prescription monitoring information that pertains to the patient.
- B. A patient or a patient's authorized representative seeking access to prescription monitoring information described above must submit a written request for information in person at the office of the Monitor, or at any other place specified by the Monitor or the Office. The written request shall be in a format established by the Office or the Monitor and shall contain at least, but not limited to, the following elements:
 - 1) the patient's name and the full name of the patient's authorized representative, if applicable;
 - 2) the patient's date of birth;
 - 3) the patient's address, and the complete physical address of the patient's authorized representative, if applicable;
 - 4) the patient's telephone number, if any, and the telephone number of the authorized representative, if applicable; and
 - 5) the time period for which information is being requested.
- C. The patient or the patient's authorized representative must produce valid photographic identification prior to obtaining access to the information described above. The patient or the patient's authorized representative must allow photocopying of the identification.
- D. Prior to obtaining access to the information described above, authorized representatives must produce either an official attested copy of the judicial order granting them authority to gain access to the health care records of the patient; or in the case of parents of a minor child, a certified copy of the Birth Certificate of the minor child or other official documents establishing legal guardianship; or in the case of persons holding power of attorney, the original document establishing the power of attorney. The patient's authorized representative must allow photocopying of the documents described above. The Office or the Monitor may verify the patient authorization by any reasonable means prior to providing the information to the authorized representative.