

***Arkansas Prescription Monitoring Program***

Substance Misuse and Injury Prevention

Arkansas Department of Health

4815 West Markham

Little Rock, Arkansas 72205

Effective Date: XX-XX-XXXX

**PATIENT REQUEST  
FOR CONTROLLED SUBSTANCE PRESCRIPTION HISTORY REPORT**

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

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 in person to the Arkansas Prescription Monitoring Program (AR PMP). The patient must make an appointment with the AR PMP to receive the report.

The request shall be in the format established by the AR PMP 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.)

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 birth certificate showing the requesting parent's name, or
- A legal guardian must provide official documents establishing legal guardianship.

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Substance Misuse and Injury Prevention  
Arkansas Department of Health  
4815 West Markham  
Little Rock, Arkansas 72205  
Telephone: 501-683-3960

**Patient Request for Information  
from the Arkansas Prescription Monitoring Program**

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. **However, the most common and accurate way for patients to find out what prescriptions have been attributed to them in the database is by talking to their health care providers.**

Present the following items in person to the address above:

- Notarized Request Form
- Valid Government Issued Photo Identification
- Certified Copy of the Birth Certificate or Official Documents Establishing Legal Guardianship if Parent or Legal Guardian if a Minor Child

**PLEASE NOTE: You must call and make an appointment with the Arkansas Prescription Monitoring Program to pick up your report.**

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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 _____ (Data goes back to 03/01/2013.)

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

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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 \_\_\_\_\_

