



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

South Carolina Department of Public Health
Prescription Monitoring Program
2100 Bull St., Columbia, S.C. 29201-1708
Phone: (803) 896-0688

**REQUEST OF AUTHORIZED REPRESENTATIVE FOR INDIVIDUAL'S CONTROLLED
SUBSTANCES REPORTING SYSTEM INFORMATION**

In accordance with S.C. Code Ann. § 44-53-1650(D)(2), "Drug Control may provide data in the prescription monitoring program to the following persons: ... an individual who requests the individual's own prescription monitoring information in accordance with procedures established pursuant to state law;"

Information about the Patient:

Patient Full Name: _____

Patient Address: _____

Time period of report: _____ Patient Date of Birth (month/day/year): _____

Information about Authorized Representative:

An authorized representative includes either: (1) a parent or legal guardian of a child under the age of 16 years; or (2) for deceased individuals, the court appointed representative of the decedent's estate.

Check the item that describes your representation of the patient named above:

_____ Parent/Guardian- Attach documentation (birth certificate, court order of guardianship).

_____ Personal Representative - Attach documentation (certificate of appointment, death certificate).

***All requestors must attach government issued photo identification. Address on identification must match address of requestor. Report will only be mailed to address on identification.**

A prescription history report provides an overview of prescription activity over time. There may be a delay of up to 72 hours from the time a prescription is dispensed by a pharmacy or prescriber until the data is available in the Prescription Monitoring Program (PMP) system. The requested information is based on the search criteria utilized and the data entered by the dispensing entity. Hence, the PMP does not warrant any report to be accurate or complete. For more information about any prescription in a PMP report or to verify a prescription, contact the dispensing pharmacy or prescriber.

Authorized Representative's Name: _____

Authorized Representative's Address: _____

Phone: _____ Email: _____

Authorized Representative's Signature: _____ Date: _____

Subscribed and sworn to before me in the County of _____, State of _____
this _____ day of _____, 20____.

Notary Public Seal

NOTARY PUBLIC

My Commission expires: _____

Mail the following items to the SC Prescription Monitoring Program at the address above:

- **Notarized Authorized Representative Request Form**
- **Copy of Current Government Issued photo Identification & other required documentation.**

Pursuant to S.C. Code Ann. § 44-53-1680(B), "A person or persons authorized to have prescription monitoring information pursuant to this article who knowingly discloses this information in violation of this article is guilty of a felony and , upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both."

FOR PMP USE ONLY

Date Received

☐ Approved
☐ Disapproved

Signature

Date of Action

South Carolina Department of Public Health
Prescription Monitoring Program
Instructions for Completing 2003-ENG-DPH

Purpose: For an individual patient request for a PMP report in the case of a decedent or a minor.

Audience: The form will be completed by the general public.

Instructions: Fill all necessary fields as instructed on the form.

Office Mechanics & Filing: The form is filed with other individual requests in a locked file cabinet and retained for 6 years per retention schedule 17639 - PRESCRIPTION MONITORING PROGRAM PATIENT PROFILES. Once the 6-year retention period has been met and quality review has been completed, an ARM-13 destruction request should be submitted and approved prior to disposal of the original form.