



**South Carolina Department of Health and Environmental Control**  
**Prescription Monitoring Program**  
 2600 Bull St.  
 Columbia, S.C. 29201-1708  
 Phone: (803) 896-0688

## INDIVIDUAL'S REQUEST FOR 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 ... an individual who requests the individual's own prescription monitoring information in accordance with procedures established pursuant to state law;"

PLEASE PRINT OR TYPE AND USE FULL NAME, NOT INITIALS		
Name (First, Middle, Last, Suffix (Jr., Sr., III))	Date of Birth	SS#
Street Address	City, State, Zip Code	
Area Code and Telephone Number	Specific time period to be covered in report:	
ID (Government Issued) Driver's License#: Or other ID type and #:	State:	

I, \_\_\_\_\_ am requesting my own information from the South Carolina Prescription Monitoring Program (PMP) database, as authorized by law. I have personally appeared before Lexington/Richland Alcohol and Drug Abuse Council, Recovering Professional Program (RPP) Medical Director, James F. Graham, Jr., MD, or his designee, Richard P. Wilson, Special Counsel, with a government issued number and picture identification confirming my identity as the recipient. I hereby designate RPP as my agent for acquiring my individual PMP information for the sole use of RPP in determining appropriate referral for services and monitoring ongoing recovery as so designated within my RPP contractual agreement.

A prescription history report provides an overview of prescription activity over time. There is a lag time of up to six (6) weeks from the time a prescription is dispensed by a pharmacy or prescriber until the data is available in the 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 must be made with the referenced pharmacy or prescriber that dispensed it.

Individual's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RPP Medical Director or his Designee's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PMP USE ONLY			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature	Date of Action