



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: _____ - _____; I further expressly grant RPP the discretion to run a subsequent report (dating back two years from the date of the subsequent report) at any time during my participation in the RPP program. Consent may be revoked at any time in writing directed to rmadden@lradac.org .	
ID (Government Issued) Driver’s License#: _____ State: _____ Or other ID type and #: _____		

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 designees, Robyn W. Madden, Special Counsel, or Jessica Ford, Lead Recovery Specialist, with a government issued photo 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 may be a lag time of up to 48 hours 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: _____