



Maryland Prescription Drug Monitoring Program (PDMP) Patient Data Request

Background

The Maryland Prescription Drug Monitoring Program (PDMP) was created by law to assist healthcare providers and public health and safety authorities with reducing the misuse, abuse and diversion of prescription drugs. The PDMP collects information on prescription drugs that contain controlled dangerous substances and are dispensed to patients in the State. Dispensers, including pharmacies and healthcare practitioners, are required to electronically report data about the drug, patient, prescriber and dispenser within 24 hours of dispensing. This data is securely stored and made available, by request, only to persons and entities specifically authorized by law to access PDMP data. The PDMP is administered by the Department of Health (MDH). For more information on the PDMP, visit the website: www.MarylandPDMP.org

Health-General Article, Section 21-2A-06(b)(6), Annotated Code of Maryland, allows a patient to request a report on information contained in the database about prescription drugs dispensed to the patient. Code of Maryland Regulations (COMAR) 10.47.07.04F includes requirements for patient data requests, including requests submitted by a patient's authorized representative. A patient or authorized representative must be at least 18 years old to request data. Authorized representatives include the parent or legal guardian of a minor, an individual with power of attorney, the personal representative of a decedent's estate, or any other person duly authorized by Maryland law to request or otherwise access medical records on behalf of a patient.

To receive a patient PDMP data report, MDH requires that a patient or their authorized representative complete and submit the Maryland PDMP Patient Data Request Form and provide any and all additional supporting documentation.

Instructions

If you are a patient requesting your own data, complete Section I. You do not need to complete Section II. If you are the authorized representative of a patient, complete Section I and Section II. The data will always be sent or given to the patient no matter who submits the form. Once complete, you must have the request authenticated and delivered to the PDMP using one of the following methods:

1. Have the form notarized by a commissioned notary public and mail the form, including original copies of any supporting documentation, to:
Prescription Drug Monitoring Program, c/o Tryphena Barnes
Vocational Rehab Bldg.
55 Wade Avenue
Catonsville, Maryland 21228
2. Appear in person at the PDMP Office with a completed form, a valid State or federal government-issued photo identification card and original copies of any supporting documentation. **To ensure that staff is available to process your request, please call 410-402-8686 or email mdh.pdmp@maryland.gov to schedule an appointment. We do not accept walk-ins.**

Important Information about Patient PDMP Data Reports:

- **Drugs Included:** The PDMP only collects information on prescription drugs that contain Schedules II-V controlled dangerous substances as defined in Criminal Law Article, Title 5, Subtitle 4, Annotated Code of Maryland. This includes opioid pain relievers like oxycodone (OxyContin, Percocet, Percodan, Roxicet), hydrocodone (Vicodin, Lortab) and methadone prescribed for pain; anti-anxiety and sedative medications like alprazolam (Xanax) and diazepam (Valium); and stimulants like Adderall and Ritalin. Many commonly used prescription medications (including antibiotics, antidepressants and cholesterol, blood pressure and thyroid drugs) will not be included in the report. Also, methadone or buprenorphine products dispensed from an opioid treatment program (e.g. “methadone clinic”) will not be included.
- **Dispensing Location:** Only drugs dispensed in Maryland are required to be reported to the PDMP. The report will not include drugs dispensed in other states.
- **Selection of Prescription Records:** Only prescription records that include a match on the patient’s name, date of birth and residential address will be included in the report. The data request should include all patient residential addresses that are on-file with pharmacies and practitioners that have dispensed drugs to the patient in Maryland.
- **Data Accuracy & Comprehensiveness:** Although efforts are made to ensure accuracy, PDMP data may contain errors or omissions. PDMP data are not the official record of dispensing; only the original prescription can serve as the official record. Also, the dispenser reporting requirement went into effect on August 20, 2013. Data may not be available for prescriptions dispensed prior to that date.

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Patient Data Request Form

Section I: Patient Information

Last Name			First Name			Suffix (Jr., Sr.)
Date of Birth (DD/MM/YYYY)		Sex		Phone #	Email	

Date Range

Dispense Start Date (MM/DD/YYYY, or start of PDMP records')	Dispense End Date (MM/DD/YYYY)
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Residential Address 1

Address				
City		State	Zip Code	

Residential Address 2 (if applicable)

Address				
City		State	Zip Code	

Residential Address 3 (if applicable)

Address				
City		State	Zip Code	

Section II: Patient's Authorized Representative Information (if applicable)

Last Name			First Name			Suffix (Jr., Sr.)
Date of Birth (DD/MM/YYYY)		Sex		Phone #	Email	
Address						
City		State	Zip Code			
Relationship to Patient	Parent/Guardian of Minor	Power of Attorney	Personal Representative of Decedent			
	Other:					

Signature Date

STATE OF MARYLAND, COUNTY/CITY OF _____:

I hereby certify that on this _____ day of _____,
_____(year), before me, a Notary Public of the State of Maryland and County/City
aforesaid, personally appeared

_____ and made an oath in due form
that the information contained in the foregoing "Maryland PDMP Patient Data
Request Form" is true and correct.

_____ My commission
expires: _____

Notary Public