Individual Request for Access to Electronic Protected Health Information

This form will allow you to request access to your Protected Health Information (PHI) that an Express Scripts entity maintains. Specifically, this form allows you to request certain clinical data, such as medication information or clinical notes, reflected in a publication called the United States Core Data for Interoperability (USCDI). This clinical data is referred to in the form as "Patient Data."

Select Entity (select only one)

☐ Express Scripts Home Delivery   ☐ Express Scripts PBM

1. Verification

Individual for whom records are being requested:

Patient Full Name: _____ Patient Date of Birth: _____

Address on Record:

Address Line 1: _____

Address Line 2: _____ City: _____ State _____ Zip _____

Member/Insurance ID card # (if applicable): _____

Name of Member/Cardholder: _____ Phone number: _____

Request made by: _____   _____

Relationship (Self, Personal Representative) _____   Requestor Contact Phone Number

_____
        Signature by Individual/Representative

2. Request

Information Requested from Records

☐ Electronic Medical Record – Defined by USCDI/ONC Data Requirements

Information will be provided via secure e-mail in Machine-Readable Format (JSON)

3. Completed Records

Send completed records to me:

Email: _____ Confirm Email: _____

Send completed records to another location:

I understand that I [(or my personal representative)] have the right to direct the entity to disclose my encounter data, claims data, and clinical data (collectively, health data) held by the entity to a designated third party, including a third-party that holds information for my personal use.

Email: _____ Confirm Email: _____

General Disclosure: All USCDI data elements that we retain in the machine-readable format will be provided as required by the Office of the National Coordinator Cures Act with the exception of the data elements listed below:

- Prescription Records older than 18 months
- Pharmacy information for Department of Defense or Veterans Administration patients

If selected below, we will provide this date in .PDF or .XLS format upon request

☐ .PDF   ☐ .XLS

Please note that you are entitled under HIPAA to receive all electronic PHI maintained by Express Scripts Pharmacy in your "Designated Record Set.". Any electronic PHI other than Patient Data, that we maintain in your Designated Record set, such as payment information, may be provided in a different format