



Third Party Request for Access to Electronic Protected Health Information

This form is required for third parties to request access to electronic Protected Health Information (ePHI) for a patient of an Express Scripts entity.

Select Entity (Which pharmacy or entity are you requesting the information from- **please select only one**) -

- Express Scripts Home Pharmacy Express Scripts PBM

1. Verification

Individual(s) for whom records are being requested:

(If the request is for multiple patients, please complete the excel document attached to this form)

Patient First Name: _____

Patient Last Name: _____

Patient Middle 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 on record: (____) - ____ - _____

2. Request Made By:

Healthcare Entity Name: _____ **NPI/TIN:** _____

I certify this request is being made for a HIPAA permitted purpose:

- Treatment Payment Healthcare Operations

Name of Company (non-healthcare): _____

Please attach a valid HIPAA Authorization signed by the patient

(Requests without an authorization will not be processed)

3. Request

Information Requested from Records

Electronic Medical Record – Defined by USCDI/ONC Data Requirement

If the request is for multiple patients, please complete the excel document at the bottom of this form. Information will be provided via secure e-mail in Machine-Readable Format (JSON)

4. Completed Records

Send completed records to me:

Email: _____ Confirm Email: _____

Name (print) of requestor

Signature of requestor

Phone number where we can reach you if we need to contact you to process your request: _____

Return Completed Form to Privacy@express-scripts.com

For Multiple Patient Requests, Please attach the following information for each.

<u>Patient First Name</u>	<u>Patient Middle Name</u>	<u>Patient Last Name</u>	<u>Mbr ID</u>	<u>Date of Birth</u>	<u>Address Line 1</u>	<u>Address Line 2</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Phone Number</u>