



The Commonwealth of Massachusetts  
 Department of Public Health, Bureau of Health Professions Licensure  
 Prescription Monitoring Program  
 250 Washington Street, Boston, MA 02108-4619  
 Phone: 617-753-7310 Fax: 617-973-0985 Email: mapmp.dph@mass.gov

## Personal Data Request Form Prescription Monitoring Program (PMP)

**Instructions for completing form:**

- All sections must be completed below. Incomplete Data Request Forms will not be processed.
- Request form must be signed and dated.
- A photocopy of your picture ID is required.
- Along with a copy of your picture ID, completed form must be faxed to 617-973-0985 or mailed to the Prescription Monitoring Program, 250 Washington Street, 3rd floor, Boston, MA 02108-4619. **Please do not email.**

**Section I**

<b>Request Date:</b>		<b>Date of Birth:</b>	
<b>First Name:</b>		<b>Last Name:</b>	
<b>Street Address:</b>			
<b>City/Town:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Contact Phone:</b>		<b>Email Address:</b>	

**Section II** - Please select the type of PMP data you are requesting and date range below. Prescription data is available from 2009 to present date. Search history data is available from October 2016 to the present date.

<input type="checkbox"/> <b>Your prescription history</b>	<b>Dates:</b>	<b>From</b>		<b>to</b>	
<input type="checkbox"/> <b>Who searched your prescription records</b>	<b>Dates:</b>	<b>From</b>		<b>to</b>	

**How do you want the Department to return your requested information?**

- Electronically sent via secure file transfer to email address Section I (preferred)     
  Mailed to the address in Section I     
  Mailed to a Third-Party Address (specify below)

<b>Business or Agency Name:</b>		
<b>Third Party Contact Name:</b>		
<b>Street Address:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please see here for more information on the Massachusetts PMP: <https://www.mass.gov/orgs/prescription-monitoring-program>.