

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 (PHI) 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:** _____

By signing this form, I certify that: (i) all of the information provided in this form is accurate, complete, and its provision to Express Scripts does not violate any applicable law; (ii) I am permitted to receive the requested electronic PHI under HIPAA; (iii) shall receive and use the requested electronic PHI for a purpose permitted by the Health Insurance Portability and Accountability Act of 1996, and its implementing regulations (“HIPAA”); (iv) that I shall not use or disclose the requested electronic PHI for any purpose prohibited by applicable law; (v) the electronic PHI I am requesting is the minimum necessary information needed to accomplish the intended purpose under HIPAA.

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

NOTE: Not all disclosures and uses of electronic PHI are permitted without an individual’s authorization. For example, there is certain sensitive PHI, such as substance use disorder records, that may be subject to more stringent use and disclosure requirements requiring individual authorization. Additionally, there are uses, such as the marketing or sale of PHI, that are prohibited without the authorization of the individual. Accordingly, if you request electronic PHI that cannot be disclosed or used without an individual authorization, then you must provide us with a copy of a valid HIPAA Authorization signed by the individual patient authorizing release of such PHI in order for us to provide you with the requested PHI.

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)

NOTE: If Express Scripts is permitted to disclose the Patient Data to you under HIPAA, and no other regulatory exception allows us to withhold the requested Patient Data, the Patient Data Express Scripts is obligated to provide to you under the federal information blocking requirement includes clinical data reflected in the United States Core Data for Interoperability (USCDI). It does not include, and Express Scripts is not obligated to provide, any electronic PHI not reflected in the USCDI, so any Patient Data that Express Scripts provides to you will not include any electronic PHI not included in the USCDI that Express Scripts may maintain.

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: _____

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>

Return Completed Form to Privacy@express-scripts.com

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 data 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