



Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

## **Prescription Drug Monitoring Program (PDMP)**

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Website: *PDMP.Alaska.Gov* 

## PDMP Data Access for the Alaska Department of Health

By authority of AS 17.30.200(d)(10) and 12 AAC 52.860, the Alaska Department of Health (DOH) may receive data contained in the Alaska Prescription Drug Monitoring Program (PDMP), the state's controlled substance prescription database. Authorized access will only be granted to DOH's commissioner or commissioner's official designee upon a request in writing to access data contained in the PDMP. Use this form to submit the written request.

- AS 17.30.200(d)(10) DOES NOT allow disclosure of data to DOH that identifies a patient, prescriber, dispenser, or dispenser location.
- AS 17.30.200(d)(10) **DOES** allow disclosure of regional identification in which a patient, prescriber, or dispenser is located as well as disclosure of the health care specialty of the prescriber.
- Data is available for two years from the date the request is received.

PART I	Data	Request - Select one (1) of the following:								
OPTION 1: I am requesting data for specific provider(s).										
Provider Name:							Provi	der DEA (if known):		
Is this a response to a clinic closure?			_	Yes No	If yes, clinic nam		:			
If no, please st	ate purp	oose of request:								
OPTION 2: I am requesting data on specific federally scheduled II – IV controlled substance(s).										
Federally Sche	duled:	СІІ		CIII		CIV				
Data Requeste	ed and Pi	urpose:								

ОРТІО	N 3: I am requesting da	ata on a specific region*.							
*If a requested search criteria has the potential to identify a patient, prescriber, or dispenser, (such as a practitioner with the only specialty in a certain region), the request may not be fulfilled to protect the identity of the individual.									
Data Reque	ested and Purpose:								
Region:	Southeast	Southcentral [	Southwe	st 🔲	Interior	Far North			
to reason a	Far North  Southwest  Southwest	Petersbu Prince of Sitka Bor Skagway Wrangell  2 — Southcentr Anchorag Kenai Pei	orough corough n Gateway Bor org Census Area Wales-Hyder rough Municipality I City and Boro	<ul> <li>3 — Southwest Region         <ul> <li>Bethel Census Area</li> <li>Dillingham Census Area</li> <li>Kodiak Island Borough</li> </ul> </li> <li>4 — Interior Region         <ul> <li>Fairbanks North Star Borough</li> <li>Southeast Fairbanks Census Area</li> </ul> </li> <li>5 — Far North Region         <ul> <li>Nome Census Area</li> <li>Northwest Arctic Borough</li> </ul> </li> </ul>					
PART II	Requestor		ı						
Name:				Title:					
Phone:				Email:					
Signature:				Date:					
If the reque	stor is the DOH Comm	issioner's delegate, the sec	tion below mu	st be compl	eted by the	Commissioner:			
I,	(	Commissioner of the Depart	ment of Healt	h, authorize		as my			

Date:

designee for the purpose of receiving data as contained in the Alaska PDMP per AS 17.30.200(d)(10) and 12 AAC 52.860.

Signature: