ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2748
www.azpharmacy.gov

AHCCCS ADMINISTRATION DATABASE ACCESS REQUEST FORM

In accordance with A.R.S. § 36-2604, "the AHCCCS Administration regarding persons who receive services pursuant to Title 36, Chapter 29... may have access to prescription information after making written request to the Board stating that the information is necessary for an open investigation or complaint."

All fields are required. Mail completed form to the address above.

INVESTIGATOR'S INFORMATION			
First Name:		Last Name:	
Title:		State EIN:	
SSN:		DOB:	
Email Address:			
AGENCY'S INFORMATION			
Agency Name:			
Agency Address:			
City / County:		State / Zip Code:	
Phone Number:		Fax Number:	
OFFICE OF INVESTIGATIONS DIRECTOR'S INFORMATION			
First Name:		Last Name:	
Title:			
Phone Number:		Fax Number:	
Email Address:			

Signature: _____ Date: _____

Subscribed and sworn to before me in the County of _____, State of _____

this _____ day of _____, 20____.

_____
NOTARY PUBLIC

Notary Public Seal

My Commission expires: _____

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitmate professional of regulatory purpose, a legitmate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:

* Notarized Database Access Form
* Signed Copy of Privacy Statement
* Copy of Current Department / Agency ID
* Copy of Current Drivers License