



Request to Access MES Reports

What is the Purpose of this MES (Medical Expense Statement) Request?

You have a right to request a copy of your protected health information contained in a designated record set and held by Carilion Clinic Pharmacy. This request must be made in writing and may be denied by Carilion Clinic Pharmacy under certain circumstances. Your request will be acted upon within 7 days.

Authorization Requirement: Carilion Clinic Pharmacy may only release an MES pertaining to my records, the records of my dependents or the records of individuals for whom I am a personal representative in accordance with HIPAA. Requests for individuals other than those listed below will require a separate MES request signed by that individual or a valid authorization signed by that individual and attached to this form. Any persons age 18 and older must pick up their own MES report.

Section 1: Patient Information

Patient Name:		Date of Birth:	
Address:			
City:	State:	Zip Code:	Phone:

Section 2: Information Requested

<p>a. I request copies of the following health information:</p> <p><input type="checkbox"/> Specific Prescription(s): _____</p> <p><input type="checkbox"/> Medical Expense Summary (List of all prescription expenses)</p>
<p>b. For the following dates of service: (indicate specific dates of service or date ranges)</p>
<p>c. From the following facilities: (Medical Center Pharmacy, Riverside Pharmacy, Lobby Pharmacy, Community Pharmacy, Salem Pharmacy)</p>

Section 3: Signature and Date

I understand that I am allowed to have access to these records and that the information will be provided to me in hardcopy form.	
_____	_____
Signature of Patient or Personal Representative	Today's Date
If you have signed this form as a legally authorized representative of the Patient, please print your name and relationship to the Patient below.	
_____	_____
Name of Personal Representative (please print)	Relationship to Patient (parent, legal guardian, etc.)

Please check (✓) this box if you would like to receive a copy of this form after you have signed it.

For Office Use Only:

Verification of Identity	
_____ Known Individual	_____ Driver's License _____ Other ID, specify _____
Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
Date	RPh Initials