



ACCESS REQUEST FORM (USA)

Privacy Officer
Pharma Medica Research Inc.
400 Fountain Lakes Blvd.
St. Charles, MO 63301
Tel: 636-757-8300
privacy@pharmamedica.com

Please note that a small fee may apply. We will inform you of any applicable fees prior to processing your request.

If your address is different from what we have on file, please include a copy of a government issued, signed form of identification.

Your Information:

Mr. Mrs. Ms. Miss ID CODE: _____

First name _____ Last Name _____

Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Other _____

A telephone message can be left

Provide a detailed description of the personal information you are requesting access to, as well as any details that will assist us in locating the information (study number, dates, etc):

Preferred method of access to records: Examine original OR Receive a copy by mail

Signature _____ Date _____

For PMRI Use Only:	
Date Fee Received (if applicable):	Receipt Number:
Request Received:	Date:
Response:	Date:
Comments:	

The personal information collected on this form will be used for the purpose of administering your request, in accordance with HIPAA. Questions about this collection and use should be directed to the Privacy Officer at privacy@pharmamedica.com