



# 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 <b>PMRI</b> 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](mailto:privacy@pharmamedica.com)