



OKLAHOMA PRESCRIPTION MONITORING PROGRAM CONSENT FORM

Patient Information:

- Patient Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____

Consent to Access Prescription Information

The Oklahoma Prescription Monitoring Program (PMP) is a state-run database designed to track prescriptions for controlled substances, including opioids, sedatives, and other medications that are at risk of misuse or abuse. The PMP helps healthcare providers make informed decisions regarding your care and assists in identifying patterns of prescription drug misuse.

By signing this form, I, the undersigned patient, acknowledge and consent to the following:

1. Access to Prescription History:

I understand that the healthcare provider(s) involved in my treatment may access my prescription information in the Oklahoma Prescription Monitoring Program (PMP) database. This information includes any controlled substance prescriptions that have been dispensed to me by pharmacies in Oklahoma.

2. Purpose of Access:

The purpose of accessing my prescription information through the PMP is to allow healthcare providers to:

- Ensure that prescriptions for controlled substances are appropriate and medically necessary.
- Prevent overuse, misuse, or abuse of controlled substances.
- Help providers make informed treatment decisions in my best interest.

3. Legal Obligation to Query the PMP:

I understand that healthcare providers in Oklahoma are legally required to query the

Oklahoma Prescription Monitoring Program Consent Form