



Walgreens Custodian of Records Department, 1901 East Vorhees Street PO Box 4039, MS #735, Danville, Illinois 61834 Phone: 217.554.8949

Patient Name: _____ Phone: () _____
Known a/k/a's: _____ Date of Birth: _____
Address: _____
Past Address(es): _____

Person/organization authorized to receive information from Walgreens:

Company: Axiom Requisition Copy Service Requestor Name: _____
Address: 447 North Canal Road, Lansing, MI 48917

Describe the information that you are asking us to release: Prescription History.

List Specific Date Range (if Applicable)

List the specific purpose for requesting this information: Legal matter/patient's request.

Expiration Date: (1) One year from date of signature unless otherwise specified.

Information regarding this Authorization:

- You have the right to revoke this Authorization, in writing to Walgreens Privacy Office, at any time. The revocation is only effective after it is received and logged by Walgreens. Any use or disclosure made prior to a revocation is not included as part of the revocation.
Refer to our Notice of Privacy Practices for permitted uses and disclosures of protected health information ("PHI"). You may obtain a copy of this Notice from the Privacy Office or on www.walgreens.com. Please keep a copy of this authorization for your records.
Once PHI is disclosed to others, it may be redisclosed by them to persons or entities that are not subject to the privacy regulations, which means that the PHI may no longer be protected by
Privacy regulations prohibit the conditioning of treatment, payment, enrollment, or eligibility for benefits on signing this Authorization.
This Authorization must be signed and dated by the patient or signed and dated by the patient's personal representative to include a description of that person's ability to act on behalf of the patient and proper documentation.

Signature:

I, _____ by signing below, authorize Walgreens to use or disclose my protected health information as described above.

Signature of Patient or Authorized Representative (State relationship) Date