

# Program Integrity Report Request Form

**DHA Pharmacy Operations Division-South  
Pharmacy Analytics Support Section (PASS)**

**<http://www.health.mil/Program Integrity>**

The PASS reports function is constantly evolving and as we continue to find new applications for the data collected by PASS the reports function will be modified to meet those demands. Therefore, to ensure the PASS provides its customers with accurate and timely information, the PI Report Request Form must be completed prior to the release of this information. The form then represents a formal request for information and serves as a surrogate “Data Use Agreement”.

This form is designed to accommodate requests for patient, drug, provider, and pharmacy profiles. The PASS cannot act on any report request until the form has been approved and the requestor has agreed with the method of extract and the structure of the report.

**For assistance completing this form or any other related information email [dha.jbsa.pharmacy-ops.mbx.pass-dmt@mail.mil](mailto:dha.jbsa.pharmacy-ops.mbx.pass-dmt@mail.mil) or call the PASS at 1-866-275-4732 or 210-536-6650 and ask for a Data Management Team member.**

**\*\*Do not send PHI/PII (SSN, DEERs, Member Name, etc.) on this form. A member of the Data Management Team will call you to obtain the PHI/PII if it is needed\*\***

<b>DOCUMENT INFORMATION</b>	Development Date: 2004	Last Updated: Oct 2015
	Digitally sign before emailing the completed request to <a href="mailto:dha.ibsa.pharmacy-ops.mbx.pass-dmt@mail.mil">dha.ibsa.pharmacy-ops.mbx.pass-dmt@mail.mil</a>	

**Individual Requesting Report:**

<b>Name</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Signature</b>	

**Report Parameters:**

<b>Date Requested</b>	
<b>Date Required</b>	
<b>Type of Report</b>	Patient Profile      Provider Profile      Drug      Pharmacy
<b>Date Range</b>	
<b>Description of Report</b>	Please give a detailed description of the report you are asking for.
<b>Justification</b>	Please provide the rational for requesting this report.

**NOTICE:**

The requester acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) or Health Insurance Portability and Accountability Act of 1996 may apply if it is determined that the requester, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Further, the requester acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641, which provides that if it is determined that the requester, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted, they shall be fined under Title 18, imprisoned not more than 10 years, or both. In addition, the requester and any individual employed or affiliated therewith may be subject to civil suit under the Privacy Act for damages which occur as a result of willful or intentional actions which violate an individual's rights under the Privacy Act or Health Insurance Portability and Accountability Act of 1996.