

REQUEST TO OPT OUT OF THE AMERICAN MEDICAL ASSOCIATION'S DATABASE

Dear Dr. _____,

I am asking you to opt out of the AMA database to protect my private prescription information.

While the AMA does not collect, sell, or have access to prescribing data, health information organizations (HIOs) match the AMA's Physician Masterfile to prescribing data from other sources. HIOs then license the **combination** of prescribing data and the AMA Physician Masterfile to pharmaceutical companies.

I do not agree to my prescription data being released to pharmaceutical companies and other marketers.

Therefore, I ask that you opt out of the AMA database by taking part in the Physician Data Restriction Program (PDRP). At www.ama-assn.org/go/prescribingdata you can easily opt out of having your prescribing data released to pharmaceutical representatives.

Pharmaceutical companies are required to check the opt out list a minimum of quarterly, and then they have 90 days to comply with the request. This also gives you the opportunity to report specific instances of inappropriate behavior by pharmaceutical sales reps or companies.

Please visit the above site, and consider opting out.

_____ I **agree** to take part in the PDRP and **will opt out** of the AMA's Physician Masterfile.

_____ I **do not agree** to take part in the PDRP and **will not opt out** of the AMA's Physician Masterfile.

_____ I am already taking part in the PDRP and have opted out of the AMA's Physician Masterfile.

Patient signature

Date

Physician signature

Date