



HOLY REDEEMER PHYSICIAN AND AMBULATORY SERVICES

STANDING CONSENT TO ACCESS EXTERNAL PRESCRIPTION HISTORY

PLEASE SIGN ONLY AFTER YOU HAVE READ AND UNDERSTAND ALL OF THE FOLLOWING

I, _____, whose signature appears below, authorize Holy Redeemer Physician and Ambulatory Services to obtain and use the external prescription history via the RxHub service for the patient listed below.

Please initial below. By initialing, you are agreeing to the respective terms and conditions set below and are fully agreeing to the terms above.

_____ I understand that prescribing history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be obtained and used by my Holy Redeemer Physician and Ambulatory Services provider and staff for treatment purposes, and it may include prescriptions issued back in time for several years.

Patient's Signature (Parent or Guardian if Patient is a Minor)

Date

If Guardian, Relationship to Patient

Witness of Signature (Practice Site Staff Member)

Date