HIPAA

We keep a record of healthcare services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the Privacy Officer (Cassandra W.). Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices and Financial Policy.

Patient Name (Print): _____ Relationship: _____

Patient or Legal Representative Signature: _____ Date: _____

E-PRESCRIBING PBM (PRESCRIPTION BENEFIT MANAGER) CONSENT FORM

E-Prescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care.
Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.
The Medicare Modernization Act (MMA) 2003 listed standards that have to be included in an ePrescribe program. These include:

- **Formulary and benefit transactions**-Gives the prescriber information about which drugs are covered by the drug benefit plan.
- **Medication history transactions**-Provides the physician with information about medications the patient is already taking prescribed by any provider, to minimize the number of adverse drug events.

By signing this consent form you agree that Hudson's Bay Medical Group can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.
Please select from the options below and sign. Our office also requires 48-72-hour notice for prescription refills.

- **No**: No consent is granted to retrieve the PBM **(You will receive a hand-written prescription which could slow down the process)**
- **Yes**: Consent is granted to retrieve the PBM
- **Physician Only**: Consent is granted, but only for the medications prescribed by the provider requesting the data.

Patient Name (Print): _____ Relationship: _____

Patient or Legal Representative Signature: _____ Date: _____