

## MEDICATION HISTORY CONSENT FORM

By signing below I give permission for Chickahominy Family Physicians to access my pharmacy benefits data electronically through RXHub/Sure Script. This consent will enable

### **Chickahominy Family Physicians to:**

- Determine the pharmacy benefits and drug co pays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.
- Also, this is notice that Chickahominy Family Physicians will utilize the Virginia Prescription Monitoring Program on all patients prescribed controlled substances.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RXHub and Virginia Prescription Monitoring Program.

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Patient Name (Print)

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Patient Signature

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Date