

DAYSPRING FAMILY MEDICINE
MEDICATION HISTORY CONSENT FORM

By signing below I give permission for Dayspring Family Medicine Associates to access my pharmacy benefits data electronically through RxHub. This consent will allow Dayspring Family Medicine to:

- Determine the pharmacy benefits and drug co-pays for the 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.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

Patient Name-Printed

Patient Signature or Representative

Representative Name and Relationship

Date