

HUNTSVILLE OB/GYN, ASSOCIATES, P.A.
JIM E. SPEED, D.O. **STEPHEN G. TYGART, M.D.**

Patient Name: _____ **Account #** _____

Due to the privacy confidentiality act, please list below the people that you approve to have access to your medical records. This includes appointments, billing, and lab results.

- 1 _____ Relationship _____
- 2 _____ Relationship _____
- 3 _____ Relationship _____

E-PRESCRIBING PBM CONSENT FORM

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.

MEDICATION HISTORY TRANSACTIONS

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 are agreeing that Huntsville Ob/Gyn, Associates, P.A. can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

Print Name _____ Birthdate: ____ / ____ / ____

Signature of patient (or representative) _____ Date: ____ / ____ / ____
Relationship (if other than patient) _____

I **DO NOT** consent to the E-prescribe and Medication History Transactions.

Signature _____ Date ____ / ____ / ____

I have received a copy of Huntsville Ob/Gyn, Associates, P.A.'s notice of privacy practices.

Signature _____ Date ____ / ____ / ____