

Consent for permission to view and download information regarding my prescription history

I, _____, whose signature appears below,
Print Patient Name

hereby authorize the surgical practice of Richard M Vazquez, M.D., S.C.
and its affiliated providers to view my external prescription history
through the RxHub service in my electronic medical record.

I understand that my prescription history from multiple other
unaffiliated medical providers, insurance companies, and pharmacy
benefit managers may be viewable by my providers and staff here,
and it may include prescriptions back in time for several years.

MY SIGNATURE CERTIFIES THAT I HAVE READ THE CONSENT FORM
AND THAT I UNDERSTAND THE SCOPE OF MY CONSENT.

I HEREBY AUTHORIZE ACCESS OF MY PRESCRIPTION HISTORY:

_____ Date _____

Patient Signature