

## Consent to Obtain Medication History

Mindpath Health uses an electronic platform in its EHR (Electronic Health Records) to electronically prescribe medications to patients. Using this platform, providers can transmit prescriptions to a patient's desired pharmacy electronically from the point-of-care. Our Electronic Health Record also allows providers to obtain a patient's prescription medication history upon their consent. This information helps providers to identify potential medication issues, such as drug interactions and duplicate prescriptions.

I hereby authorize Mindpath Health to request and use my prescription medication history collected from other healthcare providers, third-party payers (i.e. my insurance company), and pharmacies for treatment purposes.

I understand that this Consent to Obtain Medication History will remain in effect until I provide written notice of cancellation to Mindpath Health.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Date of Birth

If you are signing this Consent to Obtain Medication History as a parent, guardian or other legal representative of the patient, please indicate your authority to act on behalf of the patient and sign below.

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Parent   | <input type="checkbox"/> Conservator           | <input type="checkbox"/> Power of Attorney for Health Care |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Health Care Surrogate | <input type="checkbox"/> Executor / Administrator          |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

