



Higher Standards. Greater Hope.

Prescription History Consent

I voluntarily consent to provide Texas Breast Specialist/ Texas Oncology access to use of my prescription medication history from other healthcare providers or third party pharmacy benefit payers for treatment purposes. I understand that my prescription history (which includes but is not limited to prescriptions, labs, and other health care drug historical information) from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here, and may include prescriptions dating back for several years.

I acknowledge that Texas Breast Specialists/ Texas Oncology may use health information exchange systems to electronically transmit, receive and/ or access my prescription history.

I understand that this **Prescription History Consent** will be valid and remain in effect as long as I attend or receive services from Texas Breast Specialists/ Texas Oncology unless revoked by me in writing with such written notice provided to each practice site I attend or from which I receive services.

I certify that I have read this form or it has been read to me.

Date:_____

Print Name (Patient):_____ **DOB:**_____

Signature of Patient/ Legally Authorized Representative:_____

Relationship to Patient (if patient not signing):_____

For patients requiring translation or verbal reading of this document, the person reading or translating should document and sign below

Reader/Translator Signature:_____ **Date:**_____

Notice of Privacy Practices

I acknowledge that the Texas Breast Specialists/ Texas Oncology Notice of Privacy Practices provides information about how the practice and its workforce may use and/or disclose protected health information about me for treatment, payment, health care operations, and as otherwise allowed by law. I understand that Texas Breast Specialists/ Texas Oncology cannot be responsible for use re-disclosure of information by third parties.

I acknowledge that I have received a paper copy of the Texas Oncology Notice of Privacy Practices.

_____ **Patients Initials**