



**Consent to Obtain Medication History**

Patient medication history is a list of prescription medicines that our practice providers, or other providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history. The medication history may include sensitive information including, but not limited to, medications related to mental health conditions, sexually transmitted diseases, substance (drug and alcohol) abuse and HIV/AIDS.

Obtaining your medication history is very important in helping healthcare providers treat you properly and in avoiding potentially dangerous drug interactions. Please note that some pharmacies do not make drug history available. Your drug history may not include drugs purchased without using your health insurance as well as over-the-counter drugs, supplements, or herbal remedies that patients take on their own.

**Consent**

By signing this consent form, you are giving your healthcare provider permission to collect information about your medication history, and it gives permission to your pharmacy and your health insurer to disclose your medication history. This includes specific consent to release sensitive health information listed in the first paragraph.

This consent will remain in effect until the day you revoke your consent. You may revoke this consent at any time in writing, but if you do, it will not affect any actions taken prior to receiving the revocation.

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

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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