

Consent to Obtain External Pharmacy History

Why are we asking for this?

An accurate prescription history reduces medication errors and enhances your safety.

When you authorize Southwest CARE Center to access your external prescription history, you provide our staff with information about the medications you are already taking. This information will help Southwest CARE Center to minimize adverse drug events. Drug interactions are examples of an adverse drug event.

When you sign this consent, you are agreeing that Southwest CARE Center may request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

The Consent Statement

I understand that the prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be accessed by my provider and Southwest CARE Center staff. This may include prescriptions dating back several years.

My signature certifies, that I read and understood the scope of my consent and that I authorize the access.

Print Name

Date of Birth

Patient or Guardian Signature

Date