



## ***Prescription History Consent***

EMBW\* utilizes an integrated electronic medical record system for tracking prescription information and other related information. EMBW may request, access, and receive my medication history data from Surescripts.

### **WHAT IS SURESCRIPTS?**

Surescripts connects pharmacies, care providers, benefit managers, and operates a network to allow for the movement of electronic clinical health information between different health information systems. Through the Surescripts network, authorized prescribers and pharmacies can gain access to prescription information and related information for use in providing clinical care to patients.

### **WHAT IS MEDICATION HISTORY?**

The Surescripts Medication History service allows prescribers and pharmacists to use the Surescripts network to access a patient's medication history across providers, at the point of care. This service can be used in the course of providing routine care, as well as during emergencies. In both cases, Medication History enables health care providers to make a more informed clinical decision. To provide this service, Surescripts connects to a patient's medication history data stored in the databases of community pharmacies and pharmacy benefit managers. Surescripts then presents that data to prescribers through software from a certified vendor.

### **CONSENT**

I understand that Evolve Psychiatry MD, Inc. ("EMBW") and/or its affiliated entities has deployed an integrated electronic medical record that is used by EMBW, its affiliated entities and healthcare providers and other non-partners healthcare providers such as certain community physicians and physician groups. I acknowledge that by signing this form below I consent to and agree that EMBW and its affiliated entities and healthcare providers and all other users of the EMBW integrated electronic medical record may request, access, and receive my medication history data from Surescripts. I understand that I can withdraw my consent for EMBW and its affiliated entities and healthcare providers and all other users of the EMBW integrated electronic medical record to access my medication history data from Surescripts by contacting the EMBW offices and completing the EMBW Surescripts Opt-out form. I understand that revoking this consent will not have any effect on actions taken prior to such revocation.

### **ACKNOWLEDGEMENT**

*By signing this notice, I acknowledge that I understand and agree to the terms of this agreement and received a copy of the same.*