

## PRESCRIPTION HISTORY CONSENT

Evolve Psychiatry utilizes an integrated electronic medical record system for tracking prescription information and other related information. Evolve Psychiatry may request, access, and receive patient data from Surescripts. 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.

By signing this agreement, the patient understands that Evolve Psychiatry MD, Inc. ("Evolve Psychiatry") and/or its affiliated entities has deployed an integrated electronic medical record that is used by Evolve Psychiatry, its affiliated entities and healthcare providers and other non-partners healthcare providers such as certain community physicians and physician groups. The patient acknowledges that by signing this form below patient consents to and agrees that Evolve Psychiatry and its affiliated entities and healthcare providers and all other users of the Evolve Psychiatry integrated electronic medical record may request, access, and receive patient's medication history data from Surescripts.

## ACKNOWLEDGEMENT

By signing this notice, I acknowledge that I understand and agree to the terms of this agreement.