

MEDICATION HISTORY CONSENT FORM

By signing below I give permission for **Enticare, PC** to access my pharmacy benefits data electronically through RxHub. This consent will enable **Enticare, PC** to:

- Determine the pharmacy benefits and drug co pays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

Patient Name (Print)

Patient Signature

Date

COMMUNICATION CONSENT FORM

By signing below, I give Enticare PC permission to communicate with me via the e-mail given on the new patient paperwork. I understand that the purpose of any such communication will be for educational information, access to our portal, and for news related to our practice and or your provider that may affect you.

Patient Name (Print)

Patient Signature

Date