



MEDICATION HISTORY AUTHORITY

General Surgery Associates has implemented an Electronic Health Records (EHR) system through Athenahealth that will automatically import the last 13 months of your medication history. This information is downloaded from the Pharmacy Benefits Manager utilized by your health insurance company.

By signing below, I hereby authorize General Surgery Associates to download my Medication History.

Patient or Legal Guardian/Representative Signature: _____

Printed Name: _____ Date: _____

Preferred Pharmacy: _____

ACKNOWLEDGEMENT OF RECEIPT/NOTICE OF PRIVACY PRACTICES

I understand that upon request, I may obtain a copy of the Notice of Privacy Practices of General Surgery Associates, LLC.

Patient or Legal Guardian/Representative Signature: _____

Printed Name: _____ Date: _____

Relationship to patient: _____

We will automatically release information to the referring and family doctor that you have listed on information sheet unless you ask us not to, however, if you want to allow us to release the information to anyone else, such as spouse/family member/friend, should they call or come into the clinic on your behalf, please provide their name/relationship/phone number in the spaces provided.

If this information changes then it will be your responsibility to notify us, as we do not update this form.

_____	_____	_____
Name	Relationship to patient	Phone number
_____	_____	_____
Name	Relationship to patient	Phone number
_____	_____	_____
Name	Relationship to patient	Phone number