

Allergy and Asthma Clinic, PC

Medical Information Release Form / HIPAA Release Form & Medication Reconciliation Form

Patient Name: _____ Date of birth: _____

Release of Information

I grant permission to Allergy and Asthma Clinic, PC to disclose my protected health information to the following individual(s). If anyone other than the person(s) listed below should call or ask for information, they will be denied. If I chose not to have my information released to anyone, then I am agreeing that I am the only person that can receive my information. (Check at least one below)

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

Please let us know which numbers we can call to reach you

My home # _____

My cell number _____

My work number _____

Email _____

Please check a box below

You may leave a detailed message

Please leave a message asking me to return your call

Medication Reconciliation

Allergy and Asthma Clinic, PC uses an electronic health record system in order to improve the quality of our services. This system also allows us to collect and review your "medication history". A Medication history is a list of prescription medicines that we or other doctors have recently prescribed for you. This list is collected from a variety of sources, including your pharmacy and your health insurer. An accurate medication history is very important to helping us treat you properly and in avoiding potentially dangerous drug interactions. By signing this consent form you give us permission to collect, and give your pharmacy and your health plan permission to disclose, information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medications used to treat mental health conditions, such as depressions. This information will become part of your medical record.

This Release of information will remain in effect until terminated by me in writing.

Print Name: _____

Patient Signature/Parent Legal guardian: _____ Date: _____