

Medication History Consent

Pioneer Valley Dermatology has adopted an electronic medical record system to improve the quality of our services. This allows us to collect and review your medication history, the 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 helps us treat you properly and avoid potentially dangerous drug interactions.

By signing this consent form, you give both permission for us to collect, and your pharmacy and health insurer permission to disclose, information about your prescriptions that have been filled at any pharmacy or are covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health conditions, such as depression. This information becomes part of your medical record.

The medication history is a useful guide, but it may not be completely accurate. Some pharmacies do not make drug history available to us, and the drug history from your health plan might not include drugs that you purchased without using your health insurance. Your medication history might not include over the counter medicines, supplements or herbal remedies. It is still very important for us to take the time to discuss everything you are taking, and for you to point out to us any errors in your medication history.

I give permission for Pioneer Valley Dermatology to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

PRINTED NAME _____ DATE _____

SIGNATURE _____ DOB _____