Consent to Obtain External Pharmacy History

Why are we asking for this?

An accurate prescription history reduces medication errors and enhances your safety.

When you authorize Brooklyn Plaza Medical Center, Inc, to access your external prescriptions history, you provide our staff with information about the medications you are already taking. This information will help Brooklyn Plaza Medical Center, Inc. to minimize adverse drug events. Drug interactions are examples of an adverse drug event.

When you sign this consent, you are agreeing that Brooklyn Plaza Medical Center, Inc. may request and use your prescription medication history from other healthcare providers / or third – party pharmacy benefit payers for treatment purposes.

The Consent Statement

I understand that the prescription history from unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be accessed by my provider and or the Brooklyn Plaza Medical Center, Inc. staff.

My signature certifies that I have read and understand the scope of my consent and that I authorize the access.

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Print Name Date of Birth

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Patient or Guardian Signature Date

□ I Give Consent □ I Do Not Give Consent

Revised: 02/2023