

NEW ENGLAND PODIATRY ASSOCIATES 1244 BOYLSTON ST. Chestnut Hill, Ma 02467 617-232-1752	Name: CSN: Date of Service:
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External Information Medication Consent

What is Surescripts?

Surescripts connects pharmacies, care providers, benefit managers, and operates a network to allow for the movement of electronic clinical health information between different health information systems. Through the Surescripts network, authorized prescribers and pharmacies can gain access to prescription information and related information for use in providing clinical care to patients.

What is the Medication History?

The Surescripts Medication History service allows prescribers and pharmacists to use the Surescripts network to access a patient's medication history across providers, at the point of care. This service can be used in the course of providing routine care, as well as during emergencies. In both cases, Medication History enables health care providers to make a more informed clinical decision. To provide this service, Surescripts connects to a patient's medication history data stored in the databases of community pharmacies and pharmacy benefit managers. Surescripts then presents that data to prescribers through software from a certified vendor.

Consent

I understand that Partners HealthCare System, Inc. ("Partners HealthCare") and/or its affiliated entities has deployed an integrated electronic medical record that is used by Partners HealthCare, its affiliated entities and healthcare providers and other non-partners healthcare providers such as Dana-Farber Cancer Institute, Massachusetts Eye and Ear Infirmary and certain community physicians and physician groups. I acknowledge that by signing this form below I consent to and agree that Partners HealthCare and its affiliated entities and healthcare providers and all other users of the Partners integrated electronic medical record (including but not limited to Dana-Farber Cancer Institute and Massachusetts Eye and Ear Infirmary) may request, access, and receive my medication history data from Surescripts.

I understand that I can withdraw my consent for Partners HealthCare and its affiliated entities and healthcare providers and all other users of the Partners integrated electronic medical record (including but not limited to Dana-Farber Cancer Institute and Massachusetts Eye and Ear Infirmary) to access my medication history data from Surescripts by contacting any of the Partners HealthCare hospital privacy offices and completing the Partners HealthCare Surescripts Opt-out form. I understand that revoking this consent will not have any effect on actions taken prior to such revocation.

Patient Signature: _____

Date:

When the patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Legal Guardian: _____

Date: