



GYNECOLOGY & OBSTETRICS ASSOCIATES OF TALLAHASSEE

CARING FOR GENERATIONS OF WOMEN

MEDICATION HISTORY CONSENT FORM

By signing below I give permission for **Gynecology & Obstetrics Associates of Tallahassee** to access my pharmacy benefits data electronically through RxHub. This consent will enable **Gynecology & Obstetrics Associates of Tallahassee** to:

- Determine the pharmacy benefits and drug copays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

Patient Name (Print)

Patient Signature

Date