



Medication History Consent

By signing below, I give permission for **IKP Family Medicine, P.A.** to access my pharmacy benefits data electronically through RxHub. This consent should enable **IKP Family Medicine, P.A. to:**

Determine the pharmacy benefits and drug co-pays 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 non-formulary 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 _____
Please Print

Date: _____

Signature: _____
Patient/Guardian

Witness: _____
Please Print

Signature: _____
Witness

Date: _____