



Arizona Institute
of Medicine & Pediatrics

CONSENT FOR ELECTRONIC MEDICATION HISTORY DOWNLOAD

I give Arizona Institute of Medicine & Pediatrics, PLC and its employees' permission to download my electronic prescribing history, into our electronic health record, when available, for the purpose of improved clinical care. This information will be included in the permanent medical record and will only be shared with the persons, groups or affiliations that have legal access to the patient's medical record. This information will help us avoid potential drug-drug interactions, prescribe appropriate medications and take better care of our patients. Policies and Procedures related to the Health Insurance Portability and Accountability Act (HIPAA), which safeguards medical information, will be maintained.

Patient's Printed Name

Is the Patient a minor? Yes No

Patient/Guardian Signature

Relationship to Patient

Date