

# San Francisco Foot and Ankle Center

## Novato Foot and Ankle Center

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### **CONSENT TO RECEIVE EXTERNAL PRESCRIPTION HISTORY**

#### **SELECT ONE IN SECTION BELOW**

\_\_\_\_\_ I hereby **GRANT permission** to San Francisco Foot and Ankle Center and/or Novato Foot and Ankle Center to obtain EXTERNAL prescription history on me from Surescripts. This information is used in providing medical care, it aids our physicians in ordering medications, helps to avoid ordering contraindicated medications, and allows for prescribing formulary medications that are covered by my health insurance.

\_\_\_\_\_ I **DO NOT grant permission** to San Francisco Foot and Ankle Center and/or Novato Foot and Ankle Center to retrieve EXTERNAL prescription history from Surescripts. I understand that by denying consent that my full medication list will not be made available to my doctor via Surescripts, and that there is a possibility of ordering medications that could interfere with other medications currently prescribed to me, especially if I am filling prescriptions at multiple pharmacies. I also understand that I may not have access to a full listing of drugs that are my insurance formulary, therefore the drug prescribed to me may have higher out of pocket costs.

### **CONSENT TO RELEASE INFORMATION WITH THE HEALTH EXCHANGE**

#### **SELECT ONE IN SECTION BELOW**

\_\_\_\_\_ I hereby **GRANT permission** to San Francisco Foot and Ankle Center and/or Novato Foot and Ankle Center to release my health information to the Health Exchange. This allows us to securely and electronically share a copy of your medical record with any of your other physicians that also participate with the Health Exchange.

\_\_\_\_\_ I **DO NOT grant permission** to San Francisco Foot and Ankle Center and/or Novato Foot and Ankle Center to release my health information via the Health Exchange.

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_