

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 to obtain EXTERNAL prescription history on me from Surescripts. This information is used in providing medical care, it aids our physicians in ordering future medications, and helps to avoid ordering contraindicated medications.

_____ **I DO NOT grant permission** to San Francisco Foot and Ankle Center to obtain 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

CONSENT TO RELEASE INFORMATION WITH THE HEALTH EXCHANGE
SELECT ONE IN SECTION BELOW

_____ **I hereby GRANT permission** to San Francisco Foot and Ankle Center to release demographic information to the Health Exchange. The only information exchanged is male/female; zip code; race; ethnicity; diagnosis. This information is helpful in obtaining information regarding diagnosis and recent onset/outbreaks of health conditions by location. No names, addresses, phone numbers, or dates of birth are shared with the exchange.

_____ **I DO NOT grant permission** to San Francisco Foot and Ankle Center to release my non protected demographic information to the Health Exchange.

Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Witness Name: _____ Initials: _____

Date: _____