MediSav Homecare Pharmacies PHI Consent Form

Please initial below to authorize either your spouse or child to have access to your personal health records at MediSav Homecare Pharmacies. Initialing below does not entitle you to view their records, an additional form is required.

_____(Spouse Listed Below) I consent to and authorize the disclosure by MediSav Homecare Pharmacies of my PHI, specifically including without limitation, my personal drug profile and history to my legal spouse, for any and all purposes and hold harmless and release MediSav Homecare Pharmacies from any and all liability, obligation or responsibility arising from, associated with or attributable to the disclosure of such PHI.

_____(Minor's Listed Below) In the event that the natural person to whom this Notice of Privacy Practices and which PHI is applicable is an unemancipated minor younger than the age of eighteen (18) but at least the age of fifteen (15), I certify that I am a parent or legal guardian of such minor person and am duly, validly and legally entitled to receive, review and have full and complete access to such minor person's PHI , specifically including without limitation, my personal drug profile and history, for any and all purposes; and for and on my own behalf and that of such minor child hold harmless and release MediSav Homecare Pharmacies from any and all liability, obligation or responsibility arising from, associated with or attributable to the disclosure of such PHI.

I certify and affirm under penalties of perjury that I am the undersigned, an individual and resident of the State of Arkansas of full and sound mind and am duly, validly and legally able and capable to enter into and execute this MediSav Homecare Pharmacies Notice of Privacy Practices for and on my personal behalf and/or for and on behalf of minors listed below of whom I am a parent or guardian and for whom I am duly, validly and legally entitled to enter into and execute this MediSav Homecare Pharmacies Notice of Privacy Practices for the purpose of being legally bound hereto in all respects.

Printed Name _____ Birthdate _____ Phone # _____

Signature_____, Date _____, Email Address_____

I CERTIFY THAT I HAVE READ, OR HAVE HAD SAID TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FOR THE RELEASE OF MY PERSONAL PHI, THAT THE EXPLANATIONS THEREIN REFERENCED TO WERE MADE AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPGHS, IF ANY, WERE STRICKEN BEFORE I SIGNED THIS MEDISAV HOMECARE PHARAMACIES NOTICE OF PRIVACY PRACTICES.

Please list Family members that you would like to have access to your prescription profile.

	Printed Name	Birthdate	Phone Number
Spouse	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____