## **MediSav Homecare Pharmacies PHI Consent Form**

Patient NameSignatureMediSav Location (Please circle one) Charl		Birthdate	Pho	Phone # Email Address	
		Date	Email Address		
		Charleston	Rogers Ave	Zero St.	
Please initial below to records at MediSav Ho	•	•	•		•
	y to my legal spou	ise, for any and all purposes an	d hold harmless and release Me		including without limitation, my macies from any and all liability,
younger than the age of eighted legally entitled to receive, review	en (18) but at leas ew and have full a poses; and for and	t the age of fifteen (15), I certi nd complete access to such m on my own behalf and that of	fy that I am a parent or legal guinor person's PHI, specifically such minor child hold harmless	uardian of such minor including without limit and release MediSav	cable is an unemancipated minor person and am duly, validly and tation, my personal drug profile Homecare Pharmacies from any
duly, validly and legally able ar	nd capable to ente	er into and execute this MediS f whom I am a parent or guard	av Homecare Pharmacies Notic lian and for whom I am duly, va	ce of Privacy Practices lidly and legally entitle	s of full and sound mind and am for and on my personal behalf ed to enter into and execute this
I CERTIFY THAT	T I HAVE REAL	D, OR HAVE HAD SAID	TO ME, AND FULLY U	NDERSTAND THI	ABOVE CONSENT FOR
THE RELEASE OF MY P	ERSONAL PH	I, THAT THE EXPLANA	TIONS THEREIN REFERE	ENCED TO WERI	MADE AND THAT ALL
BLANKS OR STATEMEN	TS REQUIRIN	G INSERTION OR COM	IPLETION WERE FILLED	IN AND INAPPL	ICABLE PARAGRAPGHS,
IF ANY, WERE STRICKEN	N BEFORE I SIG	GNED THIS MEDISAV H	OMECARE PHARAMAC	IES NOTICE OF P	RIVACY PRACTICES.
Please list Family mem profile.	bers or Perso	onal Representatives t	hat you would like to h	nave access to Y	OUR prescription
Name	Birthdate	Phone Number	Email Address		Relationship