



## CONSENTS AND ACKNOWLEDGEMENTS

### **NOTICE OF PRIVACY NOTICES:**

I acknowledge that I have received and reviewed a copy of The Center for Rheumatic Diseases and Osteoporosis, P.A.'s NOTICE OF PRIVACY NOTICES which describes how medical information about me be used and disclosed.

**SIGNATURE:**

**DATE SIGNED:**

### **FINANCIAL POLICY:**

I acknowledge that I have received and reviewed The Center for Rheumatic Diseases and Osteoporosis, P.A.'s FINANCIAL POLICY.

**SIGNATURE:**

**DATE SIGNED:**

### **PATIENT PORTAL:**

The Center for Rheumatic Diseases and Osteoporosis, P.A., utilizes a patient portal that enables patients to request appointments, request medications, and correspond with The Center for Rheumatic Diseases and Osteoporosis, P.A.'s physicians and personnel. For you to have access to the portal, The Center for Rheumatic Diseases and Osteoporosis, P.A. will need a current email address as well as a signed consent for usage. This consent has no expiration and will be valid indefinitely until revoked by a written request.

**LAST NAME:**

**FIRST NAME:**

**EMAIL ADDRESS:**

**DATE OF BIRTH:**

**SIGNATURE:**

**DATE SIGNED:**

### **PRESCRIPTION HISTORY:**

In compliance with Meaningful Use (CMS) objectives regarding the utilization of Electronic Health Record (EHR) systems, our providers have the capacity to access limited historical information regarding the medications prescribed for you from other providers. Registry information may include: medication name; dose; instructions; prescribing physician; filling pharmacy; and date filled.

By signing below, you consent for the physicians to access and utilize this information in making medical decisions regarding your health.

**SIGNATURE:**

**DATE SIGNED:**