

**Tribeca Park Dermatology**

**Consent for Permission to View and Download Information Regarding My Prescription History**

I, \_\_\_\_\_, whose signature appears below, hereby authorize Tribeca Park Dermatology physicians and staff to view and download my external prescription history in the RxHub service in my medical record.

I understand that my prescription history from multiple other unaffiliated medical providers, insurance companies and pharmacy benefit managers will be viewable by my providers and staff here, and it may include information about prescriptions filled over the past several years.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ THE CONSENT FORM AND THAT I UNDERSTAND THE SCOPE OF MY CONSENT.

I hereby  **AUTHORIZE** ACCESS TO MY PRESCRIPTION HISTORY  
 **DECLINE**

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

\_\_\_\_\_  
Date