

BORO PARK OBSTETRICS & GYNECOLOGY, P.C.

**Patient Privacy Notice Acknowledgement
and E-Prescription Informed Consent Form**

The purpose of this form is to record acknowledgement of receipt of Privacy Notice, as required by the Health Information Portability and Accountability Act of 1996 (HIPAA). Should such acknowledgment be unobtainable, this form will document Boro Park Ob/Gyn, PC's good faith attempt to acquire such knowledge.

I _____ acknowledge receipt of Boro Park Obstetric and Gynecology, P.C. Privacy Notice and Practices. I have read and understand these practices and my medical Protected Health Information privacy rights as stated in the company Notice materials.

We are pleased to offer a new feature to our patients. We can now automatically obtain your prescription history from Pharmacy Benefit Managers (PBM) via Surescript and download the prescription information into your electronic medical chart. It will make it easier for you to share your medical history with us and give us the ability to provide you with better, more efficient quality care.

In order to take advantage of this program, we will require your permission. Please complete as indicated below and return the form to the receptionist.

I GIVE permission to Boro Park OB/GYN to obtain my prescription history directly from PBM.

I DO NOT GIVE permission to Boro Park OB/GYN to obtain my prescription history from PBM.

Signed: _____ Date: _____

PATIENT

In the event the patient's signature was not obtained because the patient did not return the form, the undersigned employee of Boro Park Obstetrics & Gynecology, P.C. hereby acknowledges that the patient received the referenced Privacy Notice at time of check-in of her visit.

Signed: _____ Date: _____

EMPLOYEE