



I authorize Lyon-Martin Health Services, a program of HealthRIGHT 360, to view my external prescription history via the RxHub service in our electronic medical records system.

I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here, and it may include prescriptions back in time for several years.

MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTOOD THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.

Patient Name (printed): _____

Patient (or Guardian) Signature: _____

Date Signed: _____



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