



Standing Consent to Access External Prescription History

I, _____, whose signature appears below, authorizes ABC Pediatrics, PC and its medical providers and staff to view external history via eClinicalWorks/RxHub software for the patient(s) listed below.

_____	_____
Patient's Name	Date Of Birth
_____	_____
Patient's Name	Date Of Birth
_____	_____
Patient's Name	Date Of Birth
_____	_____
Patient's Name	Date Of Birth

I understand that prescription history is from other unaffiliated medical providers, insurance companies and pharmacy benefit managers and that it may be viewable by the providers and staff of ABC Pediatrics. The external history made include prescription history for several years.

Please sign only after you have read and understand the above statements.

_____	_____	_____
Parent/Guardian's Signature	Relationship to the Patient	Date Signed
_____		_____
Witness Signature		Date Signed