Family Care Associates of Effingham, S.C.
1106 N. Merchant St., P.O. Box 665
Effingham, Illinois 62401
217-342-7000

Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices/ Consent for Family Care Associates to view external prescription histories

I, _____, hereby give my consent to Family Care Associates of Effingham
(Name of Patient or Authorized Agent)
to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, consent to Family Care Associates to view my external prescription histories. ** These are prescriptions that were prescribed by a physician that is not affiliated with Family Care Associates, and all information contained in the patient record of _____ _____
Patient's Name DOB

_____		_____	
Patient's Name	DOB	Patient's Name	DOB
_____		_____	
Patient's Name	DOB	Patient's Name	DOB
_____		_____	
Patient's Name	DOB	Patient's Name	DOB

I acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved the right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available at the next appointment by written notice.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so to the physician. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the physician's office.

_____ _____
Signature Date

If you are not the patient, please specify your relationship: _____

**For family accounts, a parent may sign one form and list dependents. A copy of the signed consent/receipt form will be placed in each dependent's medical record.

Revised 8/1/2009