



DENIAL for Release of Electronic Prescribing

I **DO NOT** authorize the Asthma and Allergy Institute to submit my prescriptions through Surescripts electronically.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTOOD THE SCOPE OF MY CONSENT AND THAT I DO NOT AUTHORIZE THE ACCESS.

Printed Patient Name

Date

Patient's Signature

DENIAL for Release of Prescription History and Automatic Prescription Benefits

I **DO NOT** authorize the Asthma and Allergy Institute to access my prescription history and/or automatically download my prescription benefits from unaffiliated medical providers, insurance companies, and pharmacy benefit managers.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTAND THE SCOPE OF MY CONSENT AND THAT I DO NOT AUTHORIZE THE ACCESS.

Printed Patient Name

Date

Patient's Signature

DENIAL for Release of Electronic Radiology and Laboratory Medical Records

I **DO NOT** authorize the Asthma and Allergy Institute to access and/or download my medical records electronically regarding laboratory and radiology tests/results from unaffiliated medical providers and medical facilities.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTAND THE SCOPE OF MY CONSENT AND THAT I DO NOT AUTHORIZE THE ACCESS.

Printed Patient Name

Date

Patient's Signature