



Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for Apogee Behavioral Medicine to use and disclose my protected health information (PHI) to perform treatment, payment, and health care operations.

Apogee Behavioral Medicine utilizes an Electronic Health Record (EHR) to deliver care. This EHR utilizes electronic platforms to prescribe medications to patients and share health care data with public health agencies and other health care agencies via a health information exchange when necessary. Using these platforms, providers can transmit prescriptions to a patient's desired pharmacy electronically. Our EHR also allows providers to obtain a patient's prescription medication history and show health information via health information exchanges upon their consent. This information helps providers to identify potential medication issues, such as drug interactions and duplicate prescriptions.

I hereby authorize Apogee Behavioral Medicine to request and use my prescription medication history collected from other healthcare providers, third-party payers (i.e. my insurance company), and pharmacies for treatment purposes. I hereby authorize Apogee Behavioral Medicine to share my data with public health agencies as is required by local law or for treatment purposes. I hereby authorize Apogee Behavioral Medicine to share my data with health information exchanges, other healthcare providers, third-party payers, laboratories, and pharmacies when required for treatment purposes.

I understand that this Consent for Use and Disclosure of Protected Health Information will remain in effect until I provide written notice of cancellation to Apogee Behavioral Medicine.