

D&H Drug Store Health Information Sharing Authorization

AUTHORIZATION

I hereby authorize D&H Prescription Drug Co., Inc. (D&H) to share the health information contained in my D&H Medication and Health profile(s) in its entirety, to only those entities and individuals I designate, for the purpose of providing me with medical care and for the purpose of sharing my information with others that I choose.

I understand and agree that this authorization permits the disclosure of health or treatment information about me, to the entities and individuals I designate, that may also contain sensitive information relating to the following:

- HIV or AIDS
- Mental illness or any mental health condition
- Alcohol or substance abuse
- Sexually transmitted diseases
- Pregnancy
- Abortion or other family planning
- Genetic tests or genetic diseases

I understand and agree that this authorization also covers any record that was created by a doctor or other health care provider other than the doctor or health care provider who supplied the record to D&H.

This authorization will remain in effect and permit the ongoing disclosure by D&H of information in my D&H Medication and Health Profile(s) until I revoke the authorization. I may revoke this authorization at any time by notifying D&H in writing of my wish to do so. I understand that my revocation will not apply to actions D&H has already taken in reliance on my prior authorization.

I understand and agree that in addition to the information I choose to share, D&H may only share information in the limited circumstances described in the D&H Privacy Policy.

I understand that I may request a copy of this authorization at any time.

I, _____ authorize D&H to share information contained in my D&H Medication and
(Print Name)

health profiles with the following individual(s): _____

Signature: _____

Date: _____

OFFICE USE ONLY BELOW

Recd by D&H Staff Member: _____ Date: _____