

Immunization Registry Consent:

I give my consent for Carolina Medical Consultants, PA to release my immunization(s) and identifying information to the South Carolina State Immunization Registry. I understand the purpose of the Immunization Registry is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.

The immunization information in the State Immunization Registry may be released to the following: myself, my health insurance organization, the state and local health departments, any school that I am registered to attend, and authorized medical providers that deliver my medical care.

I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to participate in the State Immunization Registry. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by the State Immunization Registry with my consent will remain in the State Immunization Registry if I later choose to withdraw my consent. However, future immunizations will not be recorded in the State Immunization Registry.

Patient Signature

Date

Electronic Prescription History Consent:

I agree that Carolina Medical Consultants, PA and its providers and staff may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes.

Patient Signature

Date

Check here to DECLINE the Electronic Prescription History consent. **Declining to sign this consent may result in certain medications not being filled by our office.**

Prescription Refill and Prior Authorization Policy:

All refill requests will be processed within 48 business hours of receipt of the request. Refill requests received on Fridays will be processed the following week.

Below are guidelines regarding refilling of medications and prior authorizations:

- Unless otherwise directed by your provider, maintenance medications such as Blood pressure, Diabetes, Cholesterol and Thyroid will only be approved if the patient has had an office visit within the last 3 months and a scheduled follow-up appointment.
- Narcotics, other controlled substances such as ADD/ADHD medication, and sleep aids will require a mandatory physician and/or nurse visit as directed by provider. We will not replace lost or stolen prescriptions for narcotics and controlled substances.
- Antibiotics will not be called in. An office visit is required for ALL antibiotic prescriptions.
- Any medication that requires a Prior Authorization may be changed to a covered prescription on your drug formulary. It is the patient's responsibility to provide us with their formulary. If a prior-authorization is deemed necessary, an additional office visit may be required.

Patient Signature:

Date: