

Senior PharmAssist

Participant Consent - Medicine Review Only

Mission: Senior PharmAssist promotes healthier living for older adults in Durham by helping them obtain and better manage needed medications and by providing tailored health education, Medicare insurance counseling, community referral, and advocacy. Senior PharmAssist is not a prescriber and does not prescribe medications.

I certify that I am a Durham resident and 60 years or older in age. I understand that the community referral interview and medication review will last about 1 ½ hours. By participating with Senior PharmAssist, I acknowledge that I understand and agree to the following:

1. Senior PharmAssist and participating pharmacies may share information concerning my medication use and health status (protected health information) with each other, my doctor or other health care providers, my caregiver and permitted emergency contacts listed on the back of this page. This may include sharing or gathering information via electronic health records.
2. Senior PharmAssist may contact the persons I list on this form as my emergency contacts if they cannot get in touch with me or if they are concerned about my well-being.
3. Information gathered about me at Senior PharmAssist is considered a medical record. I have the right to ask for a correction in the medical record on file at Senior PharmAssist and I may also request a copy of this medical record. Senior PharmAssist has 30 days to respond to my request. I understand that I will be asked to reimburse Senior PharmAssist if I request a copy of my medical record.
4. Senior PharmAssist may use information gathered in interviews, medication reviews, and in electronic health records for its program and reports. My name will be kept confidential and will not be used in public reports. The information will be used only for healthcare purposes and possible reimbursement.
5. If I feel that my protected health information has been shared without my permission for purposes other than treatment, payment or continuing healthcare operation, I can file a complaint with Senior PharmAssist and/or the U.S. Office of Civil Rights - www.hhs.gov/ocr/hipaa or call (866)627-7748; US DHHS, 200 Independence Ave, S.W., Room 509F, HHH Building, Washington, DC 20201
6. I will be given a copy of this signed consent form for my records.

SIGN ON BACK →

Participant's
Signature _____

Caregiver's
Signature _____

Print Name _____

Caregiver
Print Name _____

Date: _____

Staff/ Witness _____

Emergency Contact(s)

Decline
Sharing PHI Legal POA?
Health POA?

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship