

**SOUTHWEST FAMILY PHYSICIANS, P.C.  
GRETNA FAMILY HEALTH**

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY**

**Acknowledgement Form**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name \_\_\_\_\_  
(Please print)

Patients Date of Birth \_\_\_\_\_

You can talk to my family members about my medical issues and/or leave messages with them.            \_\_\_\_\_ Yes            \_\_\_\_\_ No

If yes, please specify name of the family member(s) we can share information with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: All patients will receive messages for appointment reminders via televox**

\_\_\_\_\_ (date)  
Signature of Patient

**Or** signature of parent (if patient is under 19 and unmarried or signature of Personal Representative if patient is unable to sign)

# FORMULARY BENEFITS DATA CONSENT FORM

Formulary Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

By signing below I give permission for **Southwest Family Physicians/Gretna Family Health** to access my pharmacy benefits data electronically through RxHub. This consent will enable **Southwest Family Physicians/Gretna Family Health:**

Determine the pharmacy benefits and drug copays for a patient's health plan.

Check whether a prescribed medication is covered (in formulary) under a patient's plan.

Display therapeutic alternatives with preference rank (if available) within a drug class for non-formulary medications.

Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.

Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

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Patient Name (PRINTED)

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Date of Birth

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Patient/G Signature

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Date