



CRISP Consent Form for Pharmacist Access to Medical Information at Halethorpe Pharmacy: 1307 Francis Ave. Baltimore, MD 21227

Your pharmacist at *Halethorpe Pharmacy* is dedicated to providing you with the best care. Having the ability to review your medical records from other provider locations, like hospitals and labs, can help your pharmacist provide this care. Health information exchange (HIE) is a way of sharing health information among participating doctors' offices, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. HIE allows delivery of the right health information to the right place at the right time, providing safer, more timely, efficient, patient-centered care. The HIE we would use is called the Chesapeake Regional Information System for Our Patients (CRISP). Your pharmacist will only access this information if you opt-in.

By checking **Yes** below on this consent form, you are deciding to ALLOW your pharmacist(s) you interact with at this pharmacy to access your medical information available within the HIE. Your health care information cannot be accessed by your pharmacist(s) unless you sign this consent. By checking **No**, you will not allow access by any pharmacists at this pharmacy. You can also choose not to complete this form at all in which case your data will not be accessed.

_____ YES, I consent to allowing my pharmacist(s) to access my health information in the HIE. I understand I will be asked each year to ensure my decision has not changed. I understand that initial access by my pharmacist(s) may take up to three business days.

_____ NO, I do not consent to allowing my pharmacist(s) to access my health information in the HIE. I understand I will be asked each year to ensure my decision has not changed.

If NO, you can choose to opt-out of the entire HIE by visiting <http://crisphealth.org/FOR-PATIENTS/> and completing the online opt-out form. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you.

You can change your mind at any point in the future by simply filling out

another form or by calling or emailing CRISP directly via email at **info@crisphealth.org** or phone at **877-952-74477**. Your consent decision above applies only to this pharmacy location. Please provide the following information so we may proceed with your decision indicated above:

Name: _____ Date of Birth: ____/____/____ Street Address: _____

City: _____ State: _____
Zip: _____ Phone: _____
Email: _____

Signature: _____ **Date:** _____

If this form is signed by a personal representative on behalf of the individual, complete the following: Personal Representative's Name (please print):
Relationship to Individual (please print):

For Pharmacy Use only

CRISP ID#: _____ Urgent need: Yes Comments: