



Consent to Treat

I hereby give my consent to North Dallas Primary Care Doctors, PLLC and him or her to provide my medical treatment. I understand that North Dallas Primary Care Doctors, PLLC will explain my condition(s), foreseeable risks, and methods of treatment for my condition before treatment is provided. I authorize North Dallas Primary Care Doctors, PLLC to perform any additional or different treatment that is thought necessary if, in an emergency situation, a condition is discovered that was not known previously.

I have carefully read and I fully understand this Patient Consent to Treat form and have had the opportunity to discuss my condition and the above procedure(s) with the care provider. All my questions have been adequately answered.

Patient Name : _____

Patient Signature : _____ Date : _____

Parent or Legal Guardian Signature (for minor): _____

Relationship to the Patient: _____

Consent to Obtain Medication History

North Dallas Primary Care Doctors has adopted an electronic medical record system in order to improve the quality of our services. This system also allows us to collect and review your "medication history." A medication history is a list of prescription medicines that we or other doctors have recently prescribed for you. This list is collected from a variety of sources, including your pharmacy and your health insurer. An accurate medication history is very important to helping us treat you properly and in avoiding potentially dangerous drug interactions. By signing this consent form you give us permission to collect, and give your pharmacy and your health plan permission to disclose information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health conditions, such as depression. This information will become part of your medical record. The medication history is a useful guide, but it may not be completely accurate. Some pharmacies do not make drug history available to us, and the drug history from your health plan might not include drugs that you purchased without using your health insurance. Your medication history might not include over the counter medicines, supplements or herbal remedies. It is still very important for us to take the time to discuss everything you are taking, and for you to point out to us any errors in your medication history. Please rest assured that we will treat this shared information, like all other Protected Health Information, with the utmost due care, as HIPAA requires. Please carefully read the information carefully before making your decision.

- I GIVE CONSENT to access** my healthcare provider to obtain my electronic medication history in connection with providing me any health care services, including emergency care.

- I DENY CONSENT to access** my healthcare provider to obtain my electronic medication history for any purpose, *even in a medical emergency.*

Print Name

Signature of Patient or Patient's Legal Representative

Date: _____