CRISP Consent Form for Pharmacist Access to Medical Information at Catonsville Pharmacy 6350 Frederick Rd Baltimore, MD 21228

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. In Maryland, the HIE is called the Chesapeake Regional Information System for Our Patients (CRISP). CRISP allows streamlined delivery of the right health information to the right place at the right time, providing safer, more timely, efficient, patient-centered care. Your pharmacist at *Catonsville Pharmacy* is dedicated to providing you with the best care possible. Having the ability to review your medical records via CRISP can help your pharmacist provide this care. Your pharmacist is only able to access this information if you **OPT-IN**.

By checking **Yes** below, you are allowing the pharmacist(s) you interact with at Catonsville Pharmacy to access your medical information available within CRISP. **Your health care information, which already exists in CRISP, 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 cannot be accessed.

_____ YES, I consent to allow my pharmacist(s) to access my health information in CRISP. 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 (CRISP) by visiting http://crisphealth.org/FOR-PATIENTS/Opt-Out-Information and completing the online 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 contacting CRISP directly at 1.877.952.7477 or info@crisphealth.org. **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: