



Medical Information Consent

Federal Law requires all patients to give written consent in order for **DELTA WAVES** and **CONTINUOUS POSITIVE AIRWAY SERVICES** to obtain, create, and release personal health information. This applies to other staff, physicians, family members, or any other entities.

Patient Medication History is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including your providers, pharmacies, and health insurers contribute to the collection of this history and maintain the information it contains.

The collected information is stored in the practice electronic medical record system and becomes a part of your personal medical records. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions or reactions. When you authorize the sharing of this information to appropriate sources, you are improving the communication between your providers, and ensuring the level of care you receive.

It is very important that you and your provider(s) discuss all your medications in order to ensure that your recorded medication history is accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs that were purchased without using your health insurance. Also, over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included. This list may not be 100% complete and your communication is still vital in assuring the entire record of your medication is representative of your current history.

Clinical Research is a branch of medicine that determines the safety and effectiveness of medications, devices, diagnostic products, and treatments. These can be used for the prevention, treatment, diagnosis, and symptom relief of a condition. All study related supplies, procedures, and doctor visits are provided at no cost and participants will be compensated for their time and travel. Participation is always voluntary and you can choose to stop at any time.

Check this box if you would **not** like to be considered for clinical research.

I, _____, hereby authorize **DELTA WAVES** and **CONTINUOUS POSITIVE AIRWAY SERVICES** to obtain, create, and release medical information regarding appointments, insurance, health care, medication history, demographics, and any other personally identifiable information, unless specified otherwise.

Patient Signature

Date