

Charles H. Boniske MD  
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## Consent To Access Prescription History

I, \_\_\_\_\_, hereby authorize Charles H. Boniske MD and his staff to obtain my external prescription history through the SureScripts RXHub network.

I understand that, by signing this form, Charles H. Boniske, MD and his staff may request and view my prescription history from unaffiliated medical providers, pharmacy benefit managers, and retail pharmacies for treatment purposes, and that it may include prescriptions that date back several years in time.

SureScripts RxHub certifies that its Rx history capture follows strict security protocols to align with HIPAA requirements and to respect patient privacy. All queries and responses are made automatically through secure system-to-system communications.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE, AND THAT I AUTHORIZE CHARLES H. BONISKE MD AND HIS STAFF TO ACCESS MY PRESCRIPTION HISTORY.

Signed \_\_\_\_\_

Date: \_\_\_\_\_