

The Hotel Pharmacy

Prescription Pickup Authorization Form

Please write with an indelible pen and do not use whiteout or erase on this form.

I, _____, authorize _____, to pick up my prescription medications being filled at The Hotel Pharmacy, which is located at 20 Elliot St., Brattleboro, VT 05301, and deliver the prescribed medications to me. I understand that my agent or patient representative MUST present their valid government issued photo identification, including but not limited to a state driver's license. These items must be presented each time my agent or patient representative picks up my medications as proof of authorization. I also authorize you to provide instructions to my agent or patient representative regarding how my medication should be taken (i.e. medication should be taken with food). I have listed the medications I am authorizing this individual to pick up below. Should you have any questions, please feel free to contact me at the phone number you have on file. I understand that this authorization will remain active until I revoke it by contacting The Hotel Pharmacy, or at the discretion of the pharmacist-on-duty.

Authorized Individual _____

Type/Name of ID to be presented _____

Name of Agency Issuing ID _____

Government ID Unique Identification Number _____

(license number, passport number, Social Security number - MUST be printed in full on the photo ID!)

List of Authorized Medications: **WRITE "ALL" TO AUTHORIZE ALL MEDICATIONS**

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

HIPAA RELEASE

By checking this box, I authorize The Hotel Pharmacy to release to the Authorized Individual any medical and/or personal information that may be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that is necessary to fill my prescription(s).

(This form is not valid unless this box is checked)

Patient's Printed Name

Patient/Legal Guardian Signature

Date Signed

Hotel Pharmacy Representative Signature

Date Signed