



PATIENT RECORD SHARING & MEDICATION HISTORY AUTHORIZATION

Patient Name: Date of Birth:

Patient record sharing and medication history downloads allows MoZaic Care access to the most up-to-date information for our patients. Record sharing helps providers receive a more comprehensive view of a patient’s care by giving them access to records from care sites across the continuum. Medication history downloads increases the quality of care and improves patient safety to aid in clinical decision-making and helps detect drug-drug and drug-allergy interactions.

I authorize MoZaic Care to access my outside records and medication history information via their electronic health system.

This authorization is valid indefinitely. I understand that I have the right to revoke this authorization at any time, except where information has already been shared. My revocation must be submitted in writing, signed by me and sent to MoZaic Care.

Patient Signature: Date:

Witness Signature:

If signed by a parent, guardian or legal representative:

Please indicate relationship to patient:

Print Name: