

**OLSON PHARMACY SERVICES**

16246 SE McLoughlin Blvd., Milwaukie, Oregon 97267

www.olsonpharmacy.com

Phone: (503) 657-9422 Fax: (503) 656-0278 Toll Free: 1-877-657-6679 Fax: 1-877-647-7329

ADMISSION/ RELEASE FORM/HIPAA

Resident's Name: _____

 Male Female Date of Birth: _____ Social Security #: _____

Allergies: _____

Diet: _____

Diagnosis (ICD-9 Code if Available): _____

Oregon Medicaid#: _____ attach current copy of medicaid card

Other Insurance Information: Name: _____

Group #: _____ ID #: _____

Phone #: _____ attach current copy of INS. card(s)

Primary Physician: _____

Address: _____

Phone #: _____ Fax #: _____

Physician: _____ Specialty: _____

Address: _____

Phone #: _____ Fax #: _____

Physician: _____ Specialty: _____

Address: _____

Phone #: _____ Fax #: _____

I, understand that I am financially responsible to Olson Pharmacy Services and agree to pay all copays and charges not covered by prescription insurance. If the resident is on Oregon Medicaid, the responsible party must notify the pharmacy and provide the Oregon Medicaid information, otherwise the medication or supplies will be charged to the resident.

Print Name of Responsible Party _____ Relationship _____

Mailing Address _____ Home # _____

City, State, Zip _____ Work # _____

Cell # _____

Name of facility/home: _____ Contact person: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

HIPAA Statement:

By signing this form, I authorize Olson Pharmacy Services to use and disclose protected health information for the sole purpose of healthcare operations, treatment and payment activities for the resident listed above. All information is strictly confidential according to all HIPAA guidelines. Olson Pharmacy Services Notice of Privacy Act Policy is available at your facility or on our web site at www.olsonpharmacy.com. If you need further information in regards to HIPAA please contact the pharmacy at 503-657-9422 or Toll Free 1-877-657-6679.

Resident/Responsible Party Signature: _____

Comments: _____