



Foster's Eastside Pharmacy
1451 Yauger Road Suite 1H
Mount Vernon, OH 43050
P: 740-397-1420 F: 740-397-2454
eastside@fostersrx.com

Kenyon Student Health Center

P: 740-427-5525 F:740-427-5527

Patient information and delivery agreement

Name: _____ **D.O.B.:** _____ **M F**

Kenyon Address/PO Box: _____

Home Address: _____

Phone Number: _____ **Email address:** _____

Drug Allergies: _____

PLEASE PROVIDE A COPY OF PRESCRIPTION INSURANCE CARD

I, _____ agree to have Foster's Eastside Pharmacy fill and arrange for shipment of my prescriptions to my Kenyon College mailing address. I agree to cover all prescription cost/copays and delivery charges.

(Signature)

(Date)

Credit Card Authorization

__ Visa __ MC __ AMEX __ Discover

Card Number _____ **Expiration** _____ **Security Code** _____

(Signature)

(Date)

CONFIDENTIALITY NOTICE

The information contained in the facsimile transmission cover sheet, and all documents which accompany it is intended only for the personal and confidential use of the recipient named above. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error, and that any review, discrimination, distribution or copying of this communication is strictly prohibited.

The facsimile transmission and accompanying documents, may contain information that is privileged, confidential and/or otherwise exempt from disclosure under federal law. This information may be protected by Federal Law relating to confidentiality prohibiting any further disclosure(44CFR SCC 160, 164) If you have received the communication in error, please call us at the number listed above to arrange for the destruction or return of the communication at our expense.

HIPAA COMPLIANCE

Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operation.