



As health information moves into an electronic format, you have the *right and ability* to store **all** your health information from **all** of your health care providers (doctors, hospitals, pharmacies, labs, and insurance companies) in your own Personal Health Record (PHR) and be able to add items such as a living will, healthcare proxy / surrogacy designation as well. But to do that, you need to have your Personal Health Record (PHR) created for you.

PHR Solutions will set your PHR up for you, and assist your doctor in transmitting your electronic records from their office into your PHR. It is secure, HIPPA compliant and **NO ONE** will have access to your PHR except for you and the healthcare providers you choose. **NOW**, all of your records from all of your providers can be in one electronic document, available 24/7/365 days a year, anytime, from anywhere there is an internet connection. This PHR could include your medication lists, new prescriptions, allergies, lab work, radiology records, EKGs and could prevent duplicated tests, speed up your treatment plan between multiple providers, and even save your life. In an emergency, First Responders, EMT's and Firemen could scan your card for lifesaving and vital information!

Simply fill out the form below, and mail it to: 1715 Tiffany Drive East, West Palm Beach Florida 33407, or fax it to: PHR Solutions 561-841-8800. We will contact you as soon as it is completed (1-2 weeks). There is a one time, low cost set-up fee of \$29.95 and that includes the creation of your PHR ID card as well.

Print:

First Name: _____ Middle Initial _____

Last Name: _____ Date of Birth (DOB) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

eMail address: _____ Phone No. _____

Signature: _____ Date : _____

Hospital you wish listed on your PHR ID card: _____

Dr's Name: _____ Dr's Phone number: _____

Allergies for PHR ID card: _____

In addition, would you like your Physician to download your medications directly into your PHR from the pharmacy? This will help to prevent medication errors.

I consent to having my medications downloaded into my PHR once we are connected.

Signature: _____ Date: _____

PHR Solutions
1715 Tiffany Drive East
West Palm Beach, Fl. 33407