



Lark Rexall Drugs, Inc.

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## HIPAA AUTHORIZATION

### Electronic Prescription Refill Tool Consent Form

I, the undersigned, confirm and agree that my use of the prescription refill function located at [larkdrugs.com/prescriptions](http://larkdrugs.com/prescriptions) is voluntary and I accept and assume any and all risk associated with this method of communication regarding my prescription refill requests.

I further verify that because all communications by this method are initiated by me it in no way constitutes a solicitation for goods or services on behalf of Lark Drugs Pharmacy.

I understand that Lark Drugs Pharmacy takes the utmost care and consideration regarding my Protected Health Information (PHI) and privacy and continually monitors such communications for unauthorized activity.

This agreement shall remain in effect until such time as I choose to revoke it by written notification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

MAIL TO: Lark Drugs Pharmacy  
ATTN: Website Admin  
16251 Main Street  
Guerneville, CA 95446