



Consent to the Voorhees Children's Center Caregiver Collaborative Practice Agreement.

Patient Name:

Date of birth:

I hereby consent to enter into a Collaborative Practice Agreement with a pharmacist:

1. I recognize that this allows qualified pharmacists working within the context of a defined protocol to take professional responsibility for:
 - a. Conduct patient evaluations
 - b. Advice
 - c. Referred
 - d. Order lab tests
 - e. Administering drugs
 - f. Select, initiate, monitor, continue, and adjust medication regimens
2. I acknowledge that the insurance provider may not cover services provided under collaborative drug therapy management, in which case Perfecting Peds will cover the cost.
3. I recognize that covering physicians and/or pharmacists can be used in the collaborative management of drug therapy.
4. I recognize that I have the right to opt in and withdraw from collaborative medication therapy management.

Adult Caregiver

Name:

Date:

Signature of the adult caregiver:

N.J. Admin. Code § 13:39-13.6