

ePrescribing Consent

Electronic prescribing is defined as a physician's ability to electronically send accurate, error free, and understandable prescriptions directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. ePrescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MMA) of 2003 lists standards that have to be included in an ePrescribe program. These include:

- **Formulary and Benefit Transactions:** Gives the prescriber information about which drugs are covered by the drug benefit plan.
- **Medication History Transactions:** Provides the physician with information about medications the patient is already taking to minimize the number of adverse events.
- **Fill Status Notification:** Allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription has been picked up, not picked up, or partially filled.

By signing this consent form you are agreeing that we can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payors for treatment purposes.

ePrescribing is an optional service, and you may choose to decline. This consent form will remain in effect until the day you revoke your consent. You may revoke this consent at any time in writing, but if you do, it will not have an effect on any actions taken prior to receiving the revocation.

Understanding all of the above, I hereby provide informed consent to enroll me in the ePrescribe Program. I have had the chance to ask questions, and all of my questions have been answered to my satisfaction.

Patient Name (printed)

Patient Date of Birth

Signature of Patient/Guardian

Relationship to Patient

Date