

E Prescribing Consent Form

ePrescribing is defined as a physician's ability to electronically send accurate, error free and understandable prescription 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 must be included in an ePrescribe program, including:

- Formulary and benefit transactions - Gives the prescriber information about which drugs are covered by the benefit plan.
- Medication history transactions - Provides the physician with information about medications the patient is already taking to minimize the number of adverse drug 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 Associates in Women's Health Care, LLC can request and use your prescription medication history from other healthcare providers and/or third party benefit payers for treatment purposes.

- Understanding all of the above, I hereby provide informed consent to enroll me in the ePrescribe program.
- I decline this option. I understand that I will be required to pick up a written prescription from the office. My prescription can not be called in or faxed to the pharmacy.

Print Patient Name

DOB

Patient Signature

Date

Local Pharmacy

Mail Order

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____