

Family Care Clinic ePrescribing Consent Form

ePrescribing is now being mandated by Congress for the purpose of providing error free, accurate prescriptions to a pharmacy from a physician. The *Medicare Modernization Act* of 2003 listed 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 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 the Family Care Clinic can request and use your prescription medication history from other healthcare providers and or/third party pharmacy benefit payors for treatment purposes.

 Understanding the above, I hereby provide informed consent to the Family Care Clinic to enroll me in the ePrescribe Program.

Patient’s Printed Name

Patient’s DOB

Patient’s Signature
(Parent’s signature is required for Minors)

Today’s Date

OR

Refusal to be enrolled in ePrescribe. By checking this box I am stating that I will be getting all prescriptions from another physician.

Printed Name

DOB

Signature

Date