

E-PRESCRIBING CONSENT FORM

E-Prescribing is defined by a Physician's ability to electronically send an accurate, error free and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. E-Prescribing greatly reduces medication errors and enhances patient safety.

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.

I authorize Hillsborough Podiatry Group to view my external prescription history via electronic prescribing services. I understand that prescriptions history from multiple other unaffiliated medical providers, insurance companies, pharmacies and pharmacy benefit managers may be viewable by my provider and staff at Hillsborough Podiatry Group.

Understanding all the above, I hereby provide informed consent to Hillsborough Podiatry Group to submit my prescriptions to my pharmacy utilizing the E-Prescribe program. A paper prescription will always be available at your request.

This consent will remain in force until revoked or changed.

Patients Name (PLEASE PRINT)

Signature

Date

If other than patient, Relationship to Patient