

## E-PRESCRIBING CONSENT FORM

E-Prescribing is defined as a physician's ability to electronically send an accurate, error free and understandable prescription directly to a pharmacy from the point of care. E-Prescribing greatly reduces medication errors, and enhances convenience for the patient while maximizing patient safety. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an E-Prescribe program. These include:

- Formulary and benefit transactions – Gives the prescriber information about which drugs are covered by the patient's drug benefit plan.
- Medication history transactions – Provides the physician with information about medications the patient is already taking to minimize adverse drug events.
- Fill status notification – Allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription needs to be refilled, has been picked up, not picked up, or partially filled.

**By signing this consent form, you are agreeing that Poneh Rahimi, M.D., can electronically transmit your prescriptions directly to your pharmacy.**

E-Prescribing is an optional service and you may choose to decline. Please note that consenting to E-Prescribing also permits the use of your prescription medication history from other healthcare providers and/or third-party benefit payors (i.e., your insurance company) for treatment purposes only.

Understanding all of the above, I hereby provide informed consent to Poneh Rahimi, M.D. to enroll me in the E-Prescribe Program.

\_\_\_\_\_  
Signature of Patient (or Guardian)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Relationship to Patient

**If you choose to participate in E-Prescribing, please list your preferred pharmacy information below.**

\_\_\_\_\_  
**Pharmacy Name                      Location-(City and Street Name)                      Pharmacy Telephone Number**