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. 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. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an e-Prescription 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.

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

*Understanding all of the above, I hereby provide consent to Bala Women’s Health to enroll me in the e-Prescribe program. I have had the chance to ask questions and all my questions have been answered to my satisfaction.*

Signature: ________________________________ Date: ________ Time: ________