

ProHealth Center, LLC

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ePrescribing Consent

ePrescribing is 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. ePrescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an ePrescribe program. These include:

- **Formula 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 ProHealth Center, LLC can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes. In other words, you are giving us permission to view your prescription medication history so that we may better serve you by sending your prescriptions to the pharmacy electronically. We will be able to view any medications that have been prescribed to you in the past as well as information about whether or not you have gotten a prescription filled.

Understanding all of the above, I hereby provide informed consent to ProHealth Center, LLC to enroll me in the ePrescribe program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

Print Patient Name: _____ Patient DOB: _____

Signature of Patient or Guardian: _____ Date: _____

Relationship to Patient: _____

Pharmacy Name: _____ Phone: _____

Address: _____