



East Valley
FAMILY
Physicians P.L.C.

Serving the Valley for Over 30 Years

E-Prescribing Consent Form

ePrescribing 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.

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 from you are agreeing that East Valley Family Physicians can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payors for treatment purposes.

Understanding all of the above I hereby provide informed consent to East Valley Family Physicians to enroll me in the ePrescribe program. I have had the chance to ask questions and all of my questions have been answered.

Patient Name

Date of Birth

Signature of Patient or Representative

Date