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-Prescribe 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 Forest Hills Pediatrics, LLC. 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 Forest Hills Pediatrics, LLC. to enroll me in the e-Prescribe Program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

I understand that this authorization is revocable upon written notice to the office where the original authorization is retained, except to the extent that action has already been taken on this authorization.

IF PATIENT IS 18 YEARS OR OLDER THEY MUST SIGN THIS CONSENT FORM. A PARENT/GRANDPARENT MAY NOT SIGN FOR THEM.

Circle One: Accept   Decline

Print Patient(s)

Name_____ DOB _____

Name_____ DOB _____

Name_____ DOB _____

Name_____ DOB _____

Signature of Patient/Guardian or self

_____

Relationship to Patient(s)_____   Today's Date_____

**** If only one child or signing for self just ignore other lines. If more than one child, you may fill out one sheet with name and DOB for each child