

## Allergy Associates Inc.

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### Electronic Prescribing Consent Form

Electronic prescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescriptions 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:

- **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 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 we 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 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.

**I decline this option. I do not give permission for access to the above information.**

\_\_\_\_\_  
Patients Name – Print

\_\_\_\_\_  
Patient DOB

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

Current Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_