



PATIENT CONSENT FOR e-PRESCRIBE PROGRAM

ePrescribing is a way for providers to send electronically, an accurate, error free and understandable prescription from the provider’s office to the pharmacy. This program also includes:

- Medication History Transactions: provides the healthcare provider with information about your current and past prescriptions. Medication history data can indicate compliance with prescribed regimens, therapeutic interventions, drug-drug and drug-allergy reactions, adverse drug reactions and duplicative therapy.

The medication history information would include medications prescribed by your healthcare provider at Rockford Nephrology Associates as well as other healthcare providers involved in your care and may include sensitive information regarding any aspect of your health. As part of this consent form, you specifically consent to the release of this and other sensitive health information.

Consent

By signing this consent form, you are agreeing that your provider at Rockford Nephrology Associates may request and use your prescription medication history from other healthcare providers and/or third-party benefit payors for treatment purposes. You may decide not to sign this form. Your choice will not affect your ability to receive medical care, payment for your medical care, or your medical care benefits. You also have the right to receive a copy of this form after you have signed it.

This consent form will remain in effect until the day you revoke your consent. You may revoke your consent at any time in writing. Please note, this revocation will not have an effect on any actions taken prior to receipt of the revocation.

Understanding all of the above, I hereby provide informed consent to Rockford Nephrology Associates to enroll me in this e-Prescribe Program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
Signature of Individual (or Legal Representative):

\_\_\_\_\_  
Print Individual (or Legal Representative):

\_\_\_\_\_  
Relationship:

\_\_\_\_\_  
Date: