



E-Prescribing Consent Form

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E-Prescribing is defined as a physicians' ability to electronically send an accurate 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:

1. FORMULARY BENEFIT TRANSACTIONS - Gives the prescriber information about which drugs are covered by the drug benefit plan.

2. MEDICATION HISTORY TRANSACTIONS - Provides the physician with information about medications the patient is already taking to minimize the number of adverse drug events.

3. PRESCRIPTION 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 Westwind Medical Associates can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

Understanding all of the above, I hereby provide informed consent to Westwind Medical Associates 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.

Print Patient Name: D.O.B. Date:

Patient/Parent Signature _____ Relationship to Patient: