



2701 Cross Timbers, Suite 232 Flower Mound, TX 75028  
6805 West Northwest Highway, Dallas, TX 75225  
(972)347-4783/(972)347-4916 Fax

### **CONSENT FOR ELECTRONIC PRESCRIBING AND MEDICATION HISTORY**

Electronic Prescribing ("ePrescribing") is an important element in improving the quality of patient care and is the subject of Federal Government initiatives and incentive programs. Adopting the standards to facilitate ePrescribing is one of the key action items in the Government's plan to expedite the adoption of electronic medical records and build a national electronic health information infrastructure in the United States. The ePrescribing software sends prescriptions over the Internet in a safe and secure manner in order to protect the privacy of your health information in accordance with applicable laws including the Health Insurance Portability and Accountability Act ("HIPAA"). The software also provides physicians important information regarding drug interactions and medication histories.

I understand that as part of my electronic health records, Southwest Pediatric Orthopedics will transmit my prescriptions electronically as permitted, to the pharmacy that I designate as my primary pharmacy provider. Additionally, Southwest Pediatric Orthopedics may request and obtain the history of all of my past prescriptions and I understand that such information will become part of my electronic health record.

I have had the opportunity to ask all of my questions regarding Electronic Prescriptions or the software utilized by Southwest Pediatric Orthopedics and all of my questions have been answered to my satisfaction.

By signing below I give Southwest Scoliosis Institute, PLLC my informed consent to the above actions.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date