

Wills Valley Family Medicine

Po Box 890, Collinsville Al 35961 Phone Number 256-524-3090 Fax 256-524-2885

Patient consent for E-prescribing (Electronic Prescribing)

I have been made aware and understand that the medical practices and offices may use electronic prescription system which allows prescriptions and related information to be electronically sent between my providers and my pharmacy. I have been informed and understand that my providers using electronic prescription system will be able to see information about medications I am already taking, including those prescribed by other providers. I gave my consent to my providers to see this protected health information.

Patient signature _____ Date _____ Time _____

Interpreter if utilized _____