

Patient Name: _____

DOB: _____

INFECTIOUS DISEASE SERVICES OF GEORGIA, P.C.
ROSWELL • CUMMING • JOHNS CREEK

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E-PRESCRIBE AUTHORIZATION

As part of the Electronic Medical Record, Infectious Disease Services of Georgia, P.C. (IDSGA) uses the Surescripts Network to fill prescriptions electronically (e-prescribe). E-prescribe services include:

Core Services – E-Prescribing New Prescriptions and Refills

E-Prescribing allows the doctor’s office to electronically send an accurate, comprehensive, error-free prescription directly to a pharmacy.

Prescription Benefit (Formulary/Benefit)

Gives the doctor’s office information about which drugs are covered by your drug benefit plan.

Medication History

Provides information about your current and past prescriptions and informs the doctor’s office of potential medication concerns.

Medication history includes information about medications prescribed by IDSGA as well as other health care providers involved in your care and may include sensitive information including, but not limited to, medications related to mental health conditions, sexually transmitted diseases, substance abuse, genetic diseases, and HIV/AIDS.

By signing this consent form, I agree that Infectious Disease Services of Georgia, P.C. may request and use my prescription medication history from Surescripts Medication Network Services for treatment purposes.

I understand that refusal to authorize the use of e-prescription services will not affect my ability to receive treatment, payment, enrollment or eligibility for benefits and may not be the basis for denial of health care services.

I also understand that this authorization does not protect medical information that is released to another health care provider.

This authorization will remain in effect until revoked by me in writing. I know that I have a right to receive a copy of this authorization upon request and agree that a photocopy of this authorization is as valid as the original.

Patient/Guardian Signature

Date

Relationship (if other than Patient)