

Appendix B. Recommended Consent Language for ePrescribing (Cramer, 2008)

Proposed VT ePrescribing Program Consent Language:

I give my consent to [Office Name], including its medical staff members and employees involved in my care, to access, use and disclose my protected health information for my treatment, for payment for my treatment and for health care operations consistent with the federal HIPAA privacy regulations. I consent to the disclosure of my prescription medical information by any provider, mental health provider, pharmacy, insurer or prescription benefits manager, specifically including any state or federal health benefits program to [Office Name] for the purpose of my treatment. My consent includes the re-disclosure of prescription medication information received from a drug or alcohol treatment program. I consent to the [Office Name's] access, use and disclosure of this same information for my treatment. I am aware that the privacy practices of [Office Name] are described in its Notice of Privacy Practices. This Consent is subject to my revocation at any time except to the extent it has already been acted on.