



# The TMS Center of New Jersey

55 North Gilbert Street Suite 2203  
Tinton Falls, NJ 07701

(732) 740-7675 Telephone  
(732) 842-0100 Fax  
www.thetmscenterofnj.com

## Electronic Prescribing Notice

### What is electronic prescribing? Why does your provider E-Prescribe?

E-Prescriptions, or Electronic Prescriptions are computer generated prescriptions created by your provider and sent directly to your pharmacy. Your provider participates in E-prescribing because she cares about your health and well-being & E-prescribing has multiple safety benefits.

### How does E-Prescribing work?

Instead of writing out your prescriptions on a piece of paper, your provider enters it directly into the computer. Your prescription travels from your provider's computer to the pharmacy's computer. E-prescriptions are sent electronically through a private, secure, and closed network, so your prescription information is not sent over the open internet or as an e-mail. Your E-prescriptions can be sent to the pharmacy of your choice. If you do not want your prescriptions sent electronically, or your pharmacy does not accept E-prescriptions, your provider can print your prescriptions for you.

### Privacy

The privacy of your personal health information contained in all your prescriptions, whether written or electronic, is protected by federal and state laws. The federal law is the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that your personal health information be shared for treatment, payment, and healthcare operations. E-prescriptions meet this requirement.

### Patient Consent for Electronic Prescribing (E-Prescribing)

I have been made aware and understand that the medical practices and offices may use an 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 the electronic prescribing system will be able to see information about medications I am already taking including those prescribed by other providers. I give my consent to my providers to see this proved health information.

**Patient/Parent/Legal Representative Signature**

**Date**

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### Prescribing Pharmacy Information

**Pharmacy Name:**

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**Pharmacy Address:**

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**Pharmacy Phone Number:**

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**Pharmacy Fax Number:**

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