



*MAETOZO TOTAL WOMAN'S CARE OF ST. AUGUSTINE, LLC*

*1301 PLANTATION ISLAND DR. STE 103*

*ST. AUGUSTINE, FL 32080*

*PH: 904.461.5330*

*FAX: 904.461.5334*

## **Patient Consent for E-Prescribing**

I have been made aware and understand that the medical practice 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 consent to my provider to see this protected health information (PHI).

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Signature

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Date