

Collin County Pulmonary Associates  
1101 Raintree Circle, Suite 100  
Twin Creeks Medical, Bldg 2  
Allen, Tx 75013  
Phone: (972) 964-0170 Fax: (972) 596-8928

Date \_\_\_\_\_

In compliance with Federal rules and regulations of meaningful use of computerized medical records we now can send prescriptions electronically.

I hereby authorize Collin County Pulmonary Associates to electronically connect to my pharmacy and/or pharmacy benefit manager for the purpose of both sending prescriptions refills and receiving information about my medication list, allergies and my prescriptions.

I understand that this authorization is revocable at any time upon written notice to our office except to the extent that action has already been taken on this authorization. This authorization will neither change how my doctor chooses my treatment nor my prescription payments or costs and health plan enrollment or benefit eligibility.

Please update the pharmacy you are using anytime you make a change. We will continue to only use the pharmacy you have provided on file unless notified otherwise. Prescriptions electronically misdirected due to out dated pharmacy contact information in your chart are your responsibility. If your pharmacist sends us an electronic refill request, we will automatically respond on the understanding that your pharmacy has your permission to electronically contact us on your behalf.

(Print Name) \_\_\_\_\_

Patient/ legal representative / legal guardian

(Signature) \_\_\_\_\_

Patient / legal representative / legal guardian

Current preferred local pharmacy: \_\_\_\_\_

Name

Address

I choose to decline the above option of having my prescriptions handled electronically.