



EPCS Order Form

Account Information

Kareo ID: _____

Account: _____

Contact Name: _____

Practice/Provider Information

Practice: _____

Provider: _____

Description	Price	Quantity	Total
ePrescribe Controlled Substance setup for EHR provider	\$ 75.00	1	<u>\$ 75.00</u>

Security Token

Does this provider need a hardware security token?

Yes, please mail one hard token to the physical address listed below.

Name _____

Address _____

City _____ State _____ Zip Code _____

Will this token be sent to a Residential or Business address? _____

No, the above provider already has a hardware security token.

Payment Method

I declare that I have authority to sign this order form on the account's behalf. I hereby authorize Kareo to charge the payment method on file for this account for the total amount above.

Authorized Signature _____

Authorized Name _____ Date _____

Please return this form to Kareo by fax at (800) 798-2310.



EPCS End-User Agreement

By signing this agreement, prescribing provider acknowledges and agrees that:

1. In accordance with the EPCS regulations set by the DEA,
 - i. Any token (soft or hard) cannot be on the same device used to prescribe.
 - Each Customer and administrative level users are responsible for informing end users of the prohibition.
 - ii. Any identified security incidents must be filed with the DEA and the filed report must be retained a minimum of 2 years. A copy of the filed report must also be forwarded to security@kareo.com.
 - iii. Any person designated to set logical access controls must determine whether any identified auditable event represents a security incident that compromised or could have compromised the integrity of the prescription records.
 - iv. Any such incidents must be reported to the electronic prescription application provider (Kareo) and the Drug Enforcement Administration within 1 business day.

2. I understand that by choosing this e-prescribing “add-on” service, I am authorizing Kareo’s subcontractor to retain individual prescription transactions for purposes of financial reporting, insurance claims and other legal and business purposes and that the Kareo Term, Termination and Return of Data Policy is amended accordingly for users of the “add-on” service.

Provider Name: _____

Provider Signature: _____

Date: _____

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