

## How to Enroll in Tria Health:

### Step 1:

Complete the following enrollment form. This information is *strictly confidential* and will only be used to help the Tria Health pharmacist have an understanding of your medical history.

### Step 2:

Once you have completed and signed the enrollment form, you will need to return it to Tria Health. You can do this by:

- **Fax** – Please fax your enrollment form to **(913) 322-8497**
  
- **Mail** – Tria Health  
7101 College Blvd., Ste. 830  
Overland Park, KS 66210
  
- **Phone** – If you prefer to enroll over the phone, please call **1.877.750.9355**

If you have any questions about how to complete the enrollment process, please call 1.877.750.9355



Pharmacy Advocate Program Enrollment Form

Last Name: First Name: MI:

Address: City, State, Zip:

Home Phone: Work Phone: Cell Phone:

Three checkboxes for preferred contact number.

Preferred Time of Contact: Morning Mid-Day Afternoon Evening Other

Email Address: Please contact me via email

DOB: Age: Gender: M F Height: Weight:

Primary Physician: Phone: Fax:

Allergies & Reaction: Adverse Reactions to Medications:

Special Alerts or Devices:

Past Medical History:

- Checkboxes for Cancer, Depression, Dialysis, DVT/PE, Heart attack, Irregular heartbeat, Kidney or gall stones, Liver/kidney failure, Stroke.

Past Surgical History:

- Checkboxes for Angioplasty, Bypass, Hip replacement, Joint replacement, Organ transplant, Pacemaker, defibrillator, Other.

Tobacco Usage: None, 0-1 pack/day, >1 pack/day

Caffeine Usage: None, <2 cups/day, 2-6 cups/day, >6 cups/day

Alcohol Usage: None, 1 drink/week, 2-6 drinks/week, >6 drinks/week

Current Medical Conditions: (Please use additional space on back if needed)

Current Medications: (include non-prescription medications, vitamins and herbal supplements; use additional space on back if needed)

I authorize this pharmacy and/or pharmacist to release to health care providers any medical or other information about me which is needed to assure continuity of care. I understand that all information obtained in this enrollment form and within encounters with the pharmacist will remain strictly confidential.

Signature: Date:

**Current Medical Conditions:**

**Current Medications:**

### NOTICE OF PRIVACY PRACTICES

**IMPORTANT:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

#### The Tria Health Commitment to Your Privacy

Tria Health is dedicated to maintaining the privacy of your health information. We are required by law to protect certain aspects of your health care information known as Protected Health Information or PHI and to provide you with this Notice of Privacy Practices.

This Notice describes our privacy practices, your legal rights and lets you know how Tria Health is permitted to

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI.

Use and disclosure of your health information in certain special circumstances

The following circumstances may require Tria Health to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
5. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

Your rights regarding your health information

1. Communications. You can request that Tria Health communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Jessica Lea, President and Privacy Officer.
4. You may ask us to amend your health information if you believe it is incorrect and incomplete and as long as the information is kept by or for our pharmacists. To request an amendment, your request must be made in writing and submitted to Jessica Lea, President and Privacy Officer. You must provide us with a reason that supports your request for an amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact Jessica Lea, President and Privacy Officer.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with Tria Health or with the Secretary of the Department of Health and Human Services. To file a complaint with Tria Health, contact Jessica Lea, President and Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Tria Health will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
8. By signing the above enrollment form, I acknowledge receipt of Tria Health Notice of Privacy Practices and a copy is available upon request by calling the Tria help desk, 877-750-9355.

**FOR INTERNAL USE ONLY:**

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