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## **Patient Consent to Receive Electronic Communications from Tria Health**

Tria Health, LLC (Tria) is pleased to support your health by offering electronic communications directly to you on the devices you choose! These electronic communications may include SMS text messages to your cell phone, electronic mail (email) to your individual email address, online chat and video chat with your dedicated Tria pharmacist. And these electronic communications may cover subjects like your general enrollment and health information, scheduling and appointment reminders, clinical and/or medication alerts related to your health condition, remote patient monitoring data such as blood glucose or blood pressure readings, and video consultations with a pharmacist to discuss your health. For purposes of this form, we refer to all of these kinds of communications generally as “electronic communications.”

These types of electronic communications are great new ways for Tria to better manage any chronic health condition you may have, in addition to the telephonic pharmacist-led consultation services we have always offered. In order for Tria to deliver these types of electronic communications, however, because they may include individually identifiable health information about you, we need your consent. Please keep in mind that your participation is voluntary, and you only need to sign this consent form if you wish to receive electronic communications from Tria after reading the information below.

### *Why is Tria asking for your consent?*

Electronic communications like emails and text messages we send you may include individually identifiable health information that qualifies as “protected health information” (PHI) under the Health Insurance Portability and Accountability Act (HIPAA); and Tria follows certain requirements under HIPAA in order to protect the privacy and security of PHI that we use or disclose. We also adhere to steps outlined in the Telephone Consumer Protection Act (TCPA), as well as the CAN-SPAM Act as it relates to the types of transactional and relationship messages we are sending. For these reasons, and to make sure you are informed about all aspects of our electronic communications program, we want to share the information in this document and only include you in our program if you consent to receipt of our electronic communications by signing below.

### *What are some potential risks or costs with Tria’s electronic communications program?*

When you choose to receive electronic communications from Tria, such as SMS text messages, emails, and the others described above, you should be aware of the following risks, which we have taken steps to prevent, but nevertheless could occur:

- Another person could see and/or read your message.
- Your cell phone or other personal device could be lost or stolen, resulting in another person being able to see and/or read your message.

- The message could inadvertently be sent to the wrong person, telephone number or email address.
- Electronic communications can be viewed on multiple devices and can be saved electronically, printed out, played on speakers, and forwarded to other people.
- Electronic communications travel over networks that Tria does not own or control, and may be sent unencrypted or not capable of encryption, or also can be intercepted by others.
- While encryption can add a layer of privacy protection, even encrypted messages and other electronic communications might not be completely secure.
- Tria may rely upon subcontractors or third parties to assist with the transmission of electronic communications to you.
- Depending upon your internet and/or cell phone plan, your carrier (not Tria) may charge fees for electronic communications or other data rates.

*Authorization and agreement to receive electronic communications from Tria:*

Despite these risks, Tria has administrative, physical and technical safeguards in place to enhance the security of the electronic communications we send. Additionally, we only include the minimum necessary PHI in our electronic communications to you. We encourage your participation and consent in our electronic communication programs because of the health benefits they may offer. With your signed consent below, you acknowledge you are doing so freely, you accept the above risks, and you agree to the following program conditions:

➤ Tria may send you electronic communications about general enrollment and health information, scheduling and appointment reminders, clinical and/or medication alerts related to your health condition, remote patient monitoring data such as blood glucose or blood pressure readings, video consultations with a pharmacist to discuss your health, and other messages containing individually identifiable health information and/or protected health information.

➤ Your choice of whether or not to receive electronic communications from Tria will not affect your eligibility for, or participation in, Tria's Pharmacy Advocate Program.

➤ Tria is not responsible for any costs that your internet or cell phone company charges for electronic communications or other data rates.

➤ You accept the risks of sending individually identifiable health information via electronic communications as described above.

➤ You may withdraw your consent at any time, in any of the following ways: (i) by texting the word "STOP" in response to a text message sent by Tria; (ii) by calling Tria toll-free at 888-799-8742; (iii) by emailing your request to withdraw to [enrollment@triahealth.com](mailto:enrollment@triahealth.com); or (iv) by utilizing the "CHAT" feature on our website at [www.triahealth.com](http://www.triahealth.com).

➤ In the event your email or cell phone number changes or is no longer in your possession, you will immediately inform Tria.

➤ Tria’s electronic communication program does not replace the professional medical advice of a doctor. If you have any questions about your medical care, you should contact your doctor’s office or other medical provider. In case of an emergency, call 911.

➤ If you have pharmacy or medication-related questions about the electronic communications you receive from Tria, or questions in general about the Pharmacy Advocate Program, please contact one of Tria’s pharmacists by calling 888-799-8742.

➤ If you desire to receive a copy of this consent form in another language, please contact Tria at 888-799-8742. (*Si desea recibir una copia de este formulario de consentimiento en otro idioma, comuníquese con Tria al 888-799-8742.*)

*Consent and signature:*

I have read this consent form and fully understand the potential risks associated with Tria Health’s electronic communication program and any electronic communications that I may receive thereunder. By signing below, I indicate I am the person legally responsible for all use of the account(s) listed below, and that I am at least 18 years of age.\* Without being obligated to do so, I voluntarily give Tria Health, and those authorized by Tria Health, my consent to participate in the electronic communication program and to receive electronic communications thereunder, pursuant to the terms and conditions set forth above.

Your Signature: \_\_\_\_\_ /s/

Your Name (Print): \_\_\_\_\_

Your Cell Phone #: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

*\* If you are signing as a legal guardian or authorized representative of someone else, please indicate for whom you are signing and the authority under which you are signing.*