

Privacy Policy

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).

Our 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 Privacy Policy.

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.

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.

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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 Tria Health's Privacy Officer at PrivacyOfficer@triahealth.com or Tria Health, Attn: Privacy Officer, PO Box 412856 Kansas City, MO 64141.
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 Tria Health's Privacy Officer at PrivacyOfficer@triahealth.com or Tria Health, Attn: Privacy Officer, PO Box 412856 Kansas City, MO 64141. 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 Tria Health's Privacy Officer at PrivacyOfficer@triahealth.com or Tria Health, Attn: Privacy Officer, PO Box 412856 Kansas City, MO 64141.
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 Tria Health's Privacy Officer at PrivacyOfficer@triahealth.com or Tria Health, Attn: Privacy Officer,

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PO Box 412856 Kansas City, MO 64141. 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, 1.888.799.TRIA (8742).

I authorize Tria Health to receive and release any medical or other information that is needed to assure continuity of care with my health care providers, pharmacy benefit manager, and health insurance provider. I authorize representatives of the Tria Health program to exchange information with the designated entities unless I state in writing otherwise. I understand that all information obtained in this enrollment form and within encounters with the pharmacist and other health care personnel will remain strictly confidential. Information collected from this enrollment form (phone numbers, email addresses, and medical information) will be held in the strictest of confidence and only be used to communicate with you as a part of the services received through the Tria Health program.

Signature: _____ **Date:** _____