



WELCOME!

NEW PATIENT INFORMATION



Welcome to the Trillium Health Pharmacy!

Our personalized and friendly services include:

- Free home delivery of prescription medication
 - Working with insurance companies to:
 - Minimize your out-of-pocket expenses
 - Provide additional documentation
 - Access to training, education, and counseling
 - Access to a Pharmacist 24 hours a day, 7 days a week
 - Specialty prescription care
 - Enrollment in a personalized patient management system for applicable drug therapies
 - LGBTQ-affirming staff
 - 24-hour access for ordering refills through our mobile app or secure online portal at trilliumhealth.pharmacy.
 - Convenient text-message refill reminders
 - Flu vaccinations (and others)
 - Free eye exams for Department of Motor Vehicle (DMV) renewals
 - Information for the recycling of expired/unused medication
 - Ongoing quality and compliance monitoring
- ... And more!

We at the Trillium Health Pharmacy look forward to serving you! In order to serve you best, please complete the attached forms. We want to ensure that you have a great experience. If you have any questions or concerns, please feel free to contact us at 585.241.9000 or toll-free at 1.800.923.9394.

On behalf of the entire Trillium Health team, we thank you for choosing the Trillium Health Pharmacy!

Yours truly,

A handwritten signature in black ink, appearing to read "Mark Malahosky", with a large, sweeping flourish extending to the right.

Mark Malahosky
Vice President, Pharmacy Services



LOCATIONS & HOURS OF OPERATION

Specialty & Home Delivery

259 Monroe Avenue, Lower Level
Rochester, NY 14607
Phone | 585.241.9000
Fax | 585.454.2017

Monday - Friday | 8:30 am - 4:30 pm
Saturday & Sunday | CLOSED

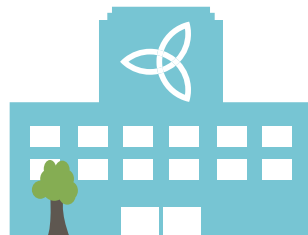
Walk-in Locations

259 Monroe Avenue, First Floor
Rochester, NY 14607
Phone | 585.244.9000
Fax | 585.545.7221

Monday - Friday | 8:00 am - 6:00 pm
Saturday & Sunday | CLOSED

170 Science Parkway
Rochester, NY 14620
Phone | 585.714.9000
Fax | 585.545.7234

Monday - Friday | 9:00 am - 5:00 pm
Saturday & Sunday | CLOSED



PHARMACY AFTER-HOURS CONTACT NUMBER

585.327.6705



Please complete and return to a pharmacy staff member or fax to **877.616.3088**.

PERSONAL CONTACT INFORMATION			
Legal Name	First:	Middle Init:	Last:
Preferred	Name:		Pronoun:
Address	Street:		
	City:	State:	Zip:
Phone	Home:		Cell:
Email	Primary email address:		

Date of Birth: ____ / ____ / ____

Gender on Insurance Card: Male Female Intersex **Gender at Birth:** Male Female Intersex

Gender Identity: Male Female Trans _____ Gender Fluid/Other: _____

MEDICATION HISTORY	
Please list ALL medications, including any over-the-counter medications you ROUTINELY take:	Please list ANY medications you are ALLERGIC TO or have had reactions to in the past:

Do you prefer: pick up at pharmacy delivery to above address delivery to another address (below)

Other Delivery Address	Street:		
	City:	State:	Zip:
Alternate Contact	Name:		Phone #:

Check here if you would like to enroll in our auto-refill program

I have read and understand the practices of Trillium Health Pharmacy.	
Signature: _____	Date: _____

When asked, please provide a pharmacy staff member with your social security number so that we can enter it into our electronic records to verify possible Medicare coverage.

INSURANCE Carrier: _____ ID #: _____

Check here if your insurance information is attached.



Pharmacy Practices

Delivery*

The Trillium Health Pharmacy provides a delivery service to our customers. We cannot guarantee same-day or next-day delivery. Typically, delivery is within two (2) business days, however we make NO guarantees, expressed or implied, regarding how soon you will receive your delivery. The Trillium Health Pharmacy will always attempt to contact you prior to your delivery.

We have several processes in place to ensure the privacy of packages that are delivered. Customers who choose delivery should be aware that the Trillium Health Pharmacy uses a third-party delivery service and cannot guarantee against errors made by the delivery service.

In order to receive the delivery, someone must be present to sign for it. Otherwise, our courier service will leave a call tag. If a call tag has been left, you will need to follow the instructions on the call tag to have your package re-delivered. If you are unsure, please call us in the Pharmacy. If you are not available within three (3) attempts of a single delivery, you will need to call the Pharmacy to arrange a pick-up of your order.

Refills

If you have refills, you must call five (5) business days before you run out of your medication. This will give us enough time in case there are any issues.

Co-pays

You must make arrangements with the pharmacy ahead of time for your co-pays if you want your medications delivered.

Side Effects

If you suspect you are experiencing any side effects to your medications please contact us in the pharmacy right away. You can also contact your prescriber if you prefer.

Product Substitution

From time to time it is necessary to substitute generic drugs for brand name drugs. This could happen if your insurance company prefers the generic be dispensed or to save you money on your copay. If a generic substitution needs to be made, it will be indicated on your prescription bottle label. Any product substitution can only take place if your prescriber approves of it. If you have any questions, you are encouraged to call a member of the pharmacy team.

Thank you for choosing the Trillium Health Pharmacy!

*Advisory: The Trillium Health Pharmacy reserves the right to suspend delivery service at any given time.



Patient & Client Rights and Responsibilities

Trillium Health respects the rights of the patient and client and is aware that each patient or client is an individual with unique needs. The agency also respects each individual's personal dignity and provides considerate and respectful services based upon their specific needs. The following is a summary of patient and client's rights in accordance with agency, state and federal guidelines and describes the responsibilities of the patient and/or client concerning the care and services you receive through Trillium Health.

As a patient and/or client at Trillium Health you have the right to:

1. Receive high quality service(s) without regard to age, sex, race, color, sexual orientation gender identity or expression, religion, marital status, national origin or sponsor.
2. Be treated with consideration, respect and dignity including privacy in treatment and/or service delivery.
3. Be informed of the services available at Trillium Health, how to obtain these services and the reason certain services may not be available to every patient or client.
4. Be informed of Trillium Health's routine, after-hours and emergency coverage.
5. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced-cost care.
6. Receive an itemized copy of your account statement upon request.
7. Obtain from your health care practitioner (patients only), or the health care practitioner's delegate, complete and current information concerning your diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand.
8. Receive from your medical provider (patients only) all information needed to give informed consent prior to the start of any non-emergency procedure and/or treatment. This information shall include, at minimum, information concerning the specific procedure and/or treatment, the possible risks involved, the alternatives for care or treatment, if any, and information the provider feels necessary to disclose to allow you to make a knowledgeable decision.
9. Refuse treatment (patients only) to the extent permitted by law and to be fully informed of the medical consequences of your action.
10. Refuse to participate in or voluntarily withdraw from any non-medical programs or services provided by Trillium Health.
11. Refuse to participate in experimental or clinical research and to refuse any care or treatment that is primarily educational or informational and not therapeutic.
12. Voice grievances and recommend changes in policies and services to Trillium Health staff, consumer council and/or representative, or the New York State Department of Health without fear of reprisal.
13. Express complaints about the care and services provided and to have Trillium Health investigate such complaints. Trillium Health is responsible for providing you or your designee with a written response within 30 days if requested by you, indicating the findings of the investigation. Trillium Health is also responsible

for notifying you or your designee that if you (the patient) are not satisfied by the response, you may file a complaint with the New York State Department of Health's Centralized Hospital Intake Program, Mailstop: CA/DCS, Empire State Plaza, Albany, NY 12237 or by phone at 1-800-804-5447.

14. Privacy and confidentiality of all information and records pertaining to your treatment and the services you receive at Trillium Health in accordance with State and Federal regulations.
15. Approve or refuse the release or disclosure of the contents of your medical record (patients only) to any healthcare practitioner and/or healthcare facility except as required by law or thirdparty payment contract.
16. Access your medical record pursuant to the provisions of Section 18 (Access to Patient Information), of the Public Health Law, and Subpart 50-3 of this Title and Federal Health Insurance Portability and Accountability Act (HIPAA) regulations.
17. Authorize (patients only) those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
18. Make known your wishes in regard to anatomical gifts (organ donation). You may document your wishes in your health care proxy or on a donor card, available from the Organization.

As a patient at Trillium Health, you have the responsibility to:

19. Be financially responsible for the services you receive and let Trillium Health staff know of any changes to or problems with your insurance, income or benefits.
20. Let Trillium Health staff know when there is a change in your address or housing situation, phone number or emergency contact, or other personal information.
21. Provide accurate and timely information to help ensure accurate services and referrals.
22. Be a partner in your health care (patients only) by working with your medical provider. Share any changes to or concerns about your health openly and honestly.
23. Follow the treatment or action plan agreed on with Trillium Health staff, including follow up on referrals and adherence to any case specific agreements such as a behavioral or narcotics contract.
24. Keep your scheduled appointments. If you cannot keep an appointment, call Trillium Health as soon as possible. Please remember if you are late or leave the waiting area after you check in you may not be seen.
25. Be respectful of any agency property, staff, patients and clients, volunteers, contractors, and visitors. This includes appropriate use of language, supplies and the facility. This applies whether you are at Trillium Health, calling us on the phone, or using electronic messaging like the patient portal.
26. Share any concerns you may have regarding the care and services you receive at Trillium Health. This can be done many ways like filling out a comment card or talking with a staff member.
27. Protect the personal privacy and maintain the confidentiality of anyone associated with Trillium Health. At Trillium Health we hold your privacy and confidentiality in the highest regard and ask you to do the same, not only for patients and clients, but also for volunteers, visitors, and others.



28. Allow Trillium Health, by signing appropriate consent forms, to obtain and/or exchange information about you for medical care, services and care management coordination with other providers or agencies involved in your care in the past or present.
29. Not participate in any illegal or unsafe activity on the Trillium Health premises or in vehicles owned or operated by Trillium Health staff. This includes not carrying a weapon (licensed or not); possession, use or other activities related to illegal substances; or participation in any illegal, threatening or harmful activity.
30. Be respectful of the on-call, after-hours and urgent care services offered. These should be used for urgent matters only; routine questions or issues should be addressed during a scheduled visit.
31. Be respectful of others in the waiting room, lounge or other public spaces at Trillium Health. In any shared space use of cell phones, inappropriate or threatening language or actions, sleeping on the furniture, and loud or disturbing noise will not be allowed.

I understand and agree to the rights and responsibilities outlined above. I also understand that my failure to follow these rights and responsibilities may prevent me from receiving continued services at Trillium Health, or may limit or restrict the services that are available to me.

Patient/Client Name: _____ Date of Birth: _____

Patient/Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____



PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

POLICY STATEMENT

Protection of patient privacy is of paramount importance to Trillium Health (hereinafter referred to as the "Organization") and this Organization is committed to complying fully with all federal and state privacy protection laws and regulations. This Organization is committed to maintaining the privacy of your protected health information ("PHI"), which includes electronic PHI, in accordance with the provisions of the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act, and their regulations (collectively the "HIPAA Rules"), which includes information about your medical condition and the care and treatment you receive from the Organization and other health care providers.

This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Organization, and for other purposes permitted or required by law and the HIPAA Rules. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

The Organization may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Organization. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

Care – In order to provide, coordinate and manage your care, the Organization will provide your PHI to those health care professionals, whether on the Organization's staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment (e.g., a specialist or laboratory). For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by the Organization's physicians.

Payment – In order to get paid for health care provided by the Organization, the Organization may provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Organization may need to provide your health insurance carrier or, if you are over 65, the Medicare program with information about health care services that you received from the Organization so that the Organization can be properly reimbursed. The Organization may also need to tell your insurance plan about the need to hospitalize you so that the insurance plan can determine whether or not it will pay for the expense.

Health Care Operations – In order for the Organization to operate in accordance with applicable law and insurance requirements and in order for the Organization to provide quality and efficient care, it may be necessary for the Organization to compile, use and/or disclose your PHI. For example, the Organization may use your PHI in order to evaluate the performance of the Organization's personnel in providing care to you or to support the business activities of the Organization. These operational activities may include: quality assessment and improve-

ment activities, training programs involving students, trainees, or practitioners under supervision, and general administrative activities.

AUTHORIZATION NOT REQUIRED

The Organization may use and/or disclose your PHI, without a written authorization from you, in the following normal situations:

- **De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- **Business Associate** – To a business associate, who is someone the Organization contracts with to provide a service necessary for your treatment, payment for your treatment, and health care operations (e.g., billing service or transcription service). The Organization will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and its subcontractors will appropriately safeguard your PHI.
- **To You or a Personal Representative** – To you, or to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

The Organization may use and/or disclose your PHI, without a written authorization from you, in the following special situations:

Public Health Activities – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect. The Organization may also provide immunization data to your school where such data is required for admission and where you or your personal representative has provided an informal request for such release, such as a verbal request.

Food and Drug Administration – If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

Abuse, Neglect or Domestic Violence – To a government authority if the Organization is required by law to make such disclosure. If the Organization is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Organization believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

Health Oversight Activities – Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

Judicial and Administrative Proceeding – For example, the Organization may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

Law Enforcement Purposes – In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Organization; and (6) a medical emergency (not on the Organization's premises) has occurred, and it appears that a crime has occurred.

Coroner or Medical Examiner – The Organization may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

Organ, Eye or Tissue Donation – If you are an organ donor, the Organization may disclose your PHI to the entity to whom you have agreed to donate your organs.

Research – If the Organization is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.

Avert a Threat to Health or Safety – The Organization may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

Specialized Government Functions – When the appropriate conditions apply, the Organization may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Organization may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

Inmates – The Organization may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

Workers' Compensation – If you are involved in a Workers' Compensation claim, the Organization may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

Disaster Relief Efforts – The Organization may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

Required by Law – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

As detailed in the HIPAA Rules, certain uses and/or disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (as described in the "Marketing" section of this Privacy Notice), and disclosures that constitute a sale of PHI require a written authorization from you, and other uses and disclosures not otherwise permitted as described in this Privacy Notice will only be made with your written authorization, which you may revoke at any time as detailed in the "Your Rights" section of this Privacy Notice.

SIGN-IN SHEET

The Organization may use a sign-in sheet at the registration desk. The Organization may also call your name in the waiting room when your physician is ready to see you.

APPOINTMENT REMINDER

The Organization may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. The Organization will try to minimize the amount of information contained in the reminder. The Organization may also contact you by phone and, if you are not available, the Organization will leave a message for you.

TREATMENT ALTERNATIVE/BENEFITS

The Organization may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

MARKETING

The Organization may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about this Organization. Marketing also includes the receipt by the Organization of remuneration, directly or indirectly, from a third party whose product or service is being marketed to you. The Organization will inform you if it engages in marketing and will obtain your prior Authorization.

FUNDRAISING

The Organization may use and/or disclose some of your PHI in order to contact you for fundraising activities supportive of the Organization. Any fundraising materials sent to you will describe how you may opt out of receiving any further communications.

ON-CALL COVERAGE

In order to provide on-call coverage for you, it is necessary that the Organization establish relationships with other physicians who will take your call if a physician from the Organization is not available. Those on-call physicians will provide the Organization with whatever PHI they create and will, by law, keep your PHI confidential.

FAMILY/FRIENDS

The Organization may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Organization may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

- The Organization may use or disclose your PHI if you agree, or if the Organization provides you with opportunity to object and you do not object, or if the Organization can reasonably infer from the circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.

If you are not present, the Organization will, in the exercise of its judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

SPECIAL RULES FOR SENSITIVE HEALTH INFORMATION

1. ***HIV-Related Information.*** HIV-related information is subject to special protection under New York law. We will disclose your HIV-related information to others who are not qualified to act as your personal representative without your written authorization in accord with applicable laws only as follows: (i) to health care providers for treatment or payment purposes; (ii) in connection with organ and tissue donation and transplantation; (iii) to accreditation and oversight bodies; (iv) to a government agency as required by law; (v) to health insurers for reimbursement purposes; (vi) in response to a court order; (vii) to the medical director of a correctional facility; (viii) to the Commission of Corrections for health oversight purposes; or (ix) to coroners and medical examiners to determine cause of death.

2. Alcohol and Substance Abuse Treatment Records. The records of alcohol and substance abuse treatment programs are subject to special protection under New York law. We will disclose these records without your written authorization in accord with applicable laws only in the following circumstances: (i) to medical personnel who need the information for the purpose of providing emergency treatment to you; (ii) to medical personnel of the Food and Drug Administration for the purpose of identifying potentially dangerous products; (iii) for research purposes if certain safeguards are met; (iv) to authorized individuals or organizations conducting an on-site audit of our records, provided such individual or organization does not remove the information from our premises and agrees in writing to safeguard the information as required by federal regulations; or (v) in response to an appropriate court order.

3. Mental Health Information. Mental health information is subject to special protection under New York law. We will disclose your mental health-related information to others who are not qualified to act as your personal representative without your written authorization in accord with applicable laws only as follows: (i) to health care providers for treatment or payment purposes; (ii) to health insurers for reimbursement purposes; (iii) in response to a court order; (iv) to accreditation and oversight bodies; (v) to a government agency as required by law; (vi) to the medical director of a correctional facility; (vii) to the Commission of Corrections for health oversight purposes; or (viii) to coroners and medical examiners to determine cause of death.

YOUR RIGHTS

1. You have the right to:

Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Organization's Privacy Officer.

Request restrictions on certain uses and/or disclosures of your PHI as provided by law, but the Organization is not obligated to agree to every requested restriction, except to the extent required by the HIPAA Rules or law. However, the Organization must agree to a request to restrict disclosure of your PHI to a health plan if: the disclosure is for the purpose of carrying out payment or health care operations and is not required by law, and the PHI pertains solely to a health care item or service for which you or someone else has paid the Organization in full. To request restrictions, you must submit a written request to the Organization's Privacy Officer. In your written request, you must inform the Organization of what information you want to limit, whether you want to limit the Organization's use or disclosure, or both, and to whom you want the limits to apply. If the Organization agrees to your request, the Organization will comply with your request unless the information is needed in order to provide you with emergency treatment.

Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Organization's Privacy Officer. The Organization will accommodate all reasonable requests.

Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Organization's Privacy Officer. In certain situations that are defined by law, the Organization may deny your request, but you will have the right to have the denial reviewed. The Organization can charge you a fee for the cost of copying, mailing or other supplies associated with your request.

Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Organization's Privacy Officer. You must provide a reason that supports your request. The Organization may deny your request if it is not in writing, if you do not provide a reason and support of your request, if the information to be amended was not created by the Organization (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Organization, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Organization's denial, you have the right to submit a written statement of disagreement.

Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Organization's Privacy Officer. The request must state a time period which may not be longer than six years. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free, but the Organization may charge you for the cost of providing additional lists in that same 12 month period. The Organization will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

Receive a paper copy of this Privacy Notice from the Organization upon request to the Organization's Privacy Officer.

Be notified following a breach of your unsecured PHI if so required by law.

Complain to the Organization, or to the Secretary of Health and Human Services, Office of Civil Rights. You may contact a regional office of the Office of Civil Rights, which can be found at www.hhs.gov/ocr/office/about/rgn-hqaddresses.html. To file a complaint with the Organization, you must contact the Organization's Privacy Officer. All complaints must be in writing.

To obtain more information on, or have your questions about your rights answered, you may contact the Organization's Privacy Officer, Gregory Ewing, at:

Trillium Health, Inc.
259 Monroe Avenue
Rochester, NY 14607
(585) 545-7218

THE ORGANIZATION'S REQUIREMENTS

1. The Organization:

Is required by law to maintain the privacy of your PHI, and to provide you with this Privacy Notice of the Organization's legal duties and privacy practices with respect to your PHI.

Is required to abide by the terms of this Privacy Notice, which is currently in effect.

Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.

Will not retaliate against you for making a complaint.

Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

Will post this Privacy Notice on the Organization's web site, if the Organization maintains a web site.

Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.

EFFECTIVE DATE

This Notice is in effect as of 09/23/2013.



ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the Organization's Privacy Notice bearing an effective date of September 23, 2013.

Name of Individual (Printed)

Signature of Individual

Signature of Personal Representative

Relationship

Date Signed ____/____/____



Did you know that you have the right ...

- To receive information about the status of your order and order delays. If there are order delays, you will be contacted by the pharmacy in a timely manner. If you have questions or concerns please contact the pharmacy by calling 585-241-9000 or toll free at 1-800-923-9394 or by visiting the pharmacy located at 259 Monroe Avenue, Rochester, NY 14607.
- To be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- To have access to consumer advocacy. The pharmacy advocates on your behalf. For more information call the pharmacy at 585-241-9000 or toll free at 1-800-923-9394 or by visit the pharmacy located at 259 Monroe Avenue, Rochester, NY 14607.
- To receive instructions on handling drug recalls. When there is a drug recall for your medication, the pharmacy will contact you with information. If you have questions or concerns please contact the pharmacy by calling the pharmacy at 585-241-9000 or toll free at 1-800-923-9394 or by visiting the pharmacy located at 259 Monroe Avenue, Rochester, NY 14607.
- To receive instructions on how to obtain evidence based health information and content for common conditions, diagnoses, and treatment diagnostics and intervention through manufacturers' FDA approved information, National Guideline Clearinghouse, and CDC Information.
- To voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated

Right to File a Complaint

Patients and Caregivers have the right to voice complaints and/or recommendation on services to the Trillium Health Pharmacy. Patients and caregivers can do so by phone, Fax, writing, email or web. Patients can also contact ACHC (www.achc.org or 855-937-2242) and URAC (www.urac.org) concerning complaints.

If you believe we have violated your privacy rights you may file a written complaint to the address listed below. You may also file a complaint with the [Secretary of the Department of Health and Human Services](#). You will not be penalized for filing a complaint.

Written complaints and written requests for a copy of your medical information, amendment to your medical information, an accounting of disclosures, restrictions on your medical information or for confidential communications may be mailed to:

**Trillium Health Pharmacy
259 Monroe Avenue
Rochester, NY 14607**

Right to Request Disclosures to your Insurance Plan

You have the right to request that we do not disclose information to your insurance plan about services provided, however you must pay for the services in full.

Additional Information**Medication Availability Issues**

When access or availability of a medication is an issue, the pharmacy will use alternative sources in the geographic area served by contacting a local pharmacy in order for the patient to receive their medication. The pharmacy will notify the patient of such modifications.

Benefit Limitations

The Third Party Specialist at the Trillium Health Pharmacy will work with the patient's prescriber and insurance company to identify methods for order fulfillment when there is a benefit limitation.

Payment

You will be informed orally and in writing of the charges for your treatment before care is provided. Charges may include: payment for medication/service for your treatment, extraneous delivery fees, and any other charges you as the patient may be responsible for. Medications and treatments are processed through insurance and/or other financial assistance programs. The Trillium Health Pharmacy has access to manufacturer discount coupons, vouchers, and assistance from various foundations and pharmaceutical companies to help manage co-payments. In the case the Trillium Health Pharmacy is an out-of-network pharmacy, information will be provided to you regarding cost of medication/service before it is provided.

Accessing Your Medication During Disaster

The pharmacy will contact you with instructions on how to receive your medications during a disaster.

Prescription Transfers

For information on transferring your prescriptions to another pharmacy please contact us by calling the pharmacy at 585-241-9000 or toll free at 1-800-923-9394 or by visiting the pharmacy located at 259 Monroe Avenue, Rochester, NY 14607. If your prescription needs to be transferred to another pharmacy, the Trillium Health Pharmacy will contact you.

Health Related Information

To obtain additional health related information such as common conditions, diagnoses, treatment diagnostic and interventions please contact the pharmacy by calling the pharmacy at 585-241-9000 or toll free at 1-800-923-9394 or by visiting the pharmacy located at 259 Monroe Avenue, Rochester, NY 14607.

Concerns or Errors

To report concerns or errors please contact the pharmacy by calling 585-241-9000 or toll free at 1-800-923-9394 or by visiting the pharmacy located at 259 Monroe Avenue, Rochester, NY 14607.

Medication Disposal

For information on medication disposal please contact the pharmacy by calling 585-241-9000 or toll free at 1-800-923-9394 or by visiting the pharmacy located at 259 Monroe Avenue, Rochester, NY 14607.

Business Associates

We may arrange to provide some services through contracts with business associates. On occasion, we may disclose your medical information to business associates acting on our behalf. If any medical information is disclosed, we will protect your information from further use and disclosure using confidentiality agreements.

We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future.



trilliumhealth.pharmacy | trilliumhealth.org