CorsoCare Pharmacy Sign-Up Forms

Facility Name: _____

Resident Name: _____ Phone Number: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Prescription Insurance Company: _____

Group Number: _____ ID Number: _____ Rx Bin Number: _____

Medicaid Number: _____ Medicare Number: _____

Primary Physician: _____ Phone Number: _____

Known Medication Allergies: _____

Current Pharmacy: _____

Current Medications (if known): _____

_____

_____

CorsoCare Pharmacy must have a copy of all insurance cards.

This agreement is entered into on this day, _____ between CorsoCare Pharmacy and _____ resident's name).

1. CorsoCare Pharmacy shall provide pharmaceuticals and pharmacy services to the above-named resident on open account and will provide the responsible party a monthly statement listing the pharmaceuticals and pharmacy services provided quantity, price, and date of service.
2. CorsoCare Pharmacy will submit bills for pharmaceuticals and pharmacy services rendered to the appropriate participating prescription insurance programs.
3. CorsoCare Pharmacy will bill the responsible party for any co-pays and non-covered medications.
4. If CorsoCare Pharmacy does not currently participate in the resident's insurance program of choice, CorsoCare Pharmacy will take the necessary steps to become an approved provider.
5. The Responsible Party agrees to pay the monthly bill upon receipt.

Billing Address: _____

_____ _____

Printed Name Signature

Billing Information

Payer's Name: _____

Payer's Relationship to Patient: _____

Payer's Phone Number: _____

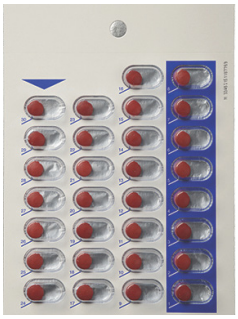
Payer's Email Address: _____

Payer's Mailing Address: _____

Packaging Information

Please select your preferred medication packaging:

☐ CorsoCare Packets (parata pouches)



☐ Blisters Packets

☐ Vials

*Please note, CorsoCare Pharmacy utilizes non-child proof packaging unless otherwise requested.

EFT Billing Agreement

Patient Name: _____

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Please enclose a voided check with authorization upon return.

Opt into paper billing statement: ☐ Opt out of paper billing statement: ☐

Billing Address: _____

Patient/Guardian Consent:

I give my consent to allow CorsoCare Pharmacy to charge the above checking account on a monthly basis for any prescriptions that are ordered on my behalf.

_____ _____

Signature Date

Credit Card Agreement

Patient Name: _____

Cardholder Name: _____

Card Type: _____

Card Number: _____

Expiration Number: _____ Security Code: _____

Opt into paper billing statement: ☐ Opt out of paper billing statement: ☐

Billing Address: _____

Patient/Guardian Consent:

I give my consent to allow CorsoCare Pharmacy to charge the above checking account on a monthly basis for any prescriptions that are ordered on my behalf.

_____ _____

Signature Date

CorsoCarePharmacy.com | 833-256-2376
Fax: 877-737-9630 | 21571 Kelly Road, Eastpointe, MI 48021

CorsoCare PHARMACY

Notice of Privacy Agreement

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.

CorsoCare Pharmacy, LLC and its affiliated entities (collectively "CorsoCare Pharmacy, LLC") use health inform at ion about you for treatment, to obtain payment for treatment, to evaluate the quality of care you receive, and for other administrative and operational purposes. Your health information is contained in a medical record that is the physical property and responsibility of CorsoCare Pharmacy, LLC.

Your Health Information Rights:

You have the following rights with respect to health information about you.

Right to Copy of Notice of Privacy Practices. You have the right to a paper copy of our Notice of Privacy Practices at any time. To obtain a copy of our current Notice of Privacy Practices, please contact CorsoCare Pharmacy, LLC at 833-256-2376.

Right to Inspect and Copy. You have the right to inspect and/or obtain a copy of the health information about you that we maintain in certain groups of records that are used to make decisions about your care. Your request must be in writing. If you request a copy of your health information, we will charge you a fee to cover the costs of copying and mailing the information. In certain very limited circumstances, we may deny your request to inspect and copy your health information. If you are denied access to your health information, we will explain our reasons in writing. You have the right to request that another person at CorsoCare Pharmacy review the decision. We will comply with the outcome of the review. For information about this right, see 45C.F.R. § 164.524.

Right to Amend. If you feel that health information about you that we maintain in certain groups of records is inaccurate or incomplete, you have the right to request that we amend the information. You have the right to request an amendment as long as we maintain the information. Depending on the nature of your request, we may ask that you submit it in writing and include a reason supporting the request. In certain circumstances, we may deny your request to amend your health information. If your request for an amendment is denied, we will explain our reasons in writing. You have the right to submit a statement explaining why you disagree with our decision to deny your amendment request. We will share your statement when we disclose health information about you that we maintain in certain groups of records. For more information about this right, see 45 C.F.R. § 164.526.

Right to an Accounting of Disclosures. You have the right to request an accounting or detailed listing of certain disclosures of your health information. The time period covered by the accounting is limited. Your request must be in writing. If you request an accounting more often than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. For more information about this right, see 45 C.F.R. § 164.528.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health

information about you that we use or disclose. Your request must be in writing. Please be aware that we are not required to agree to your request for restrictions. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment. For more information about this right, see 45 C.F.R. § 164.522.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose health information, except to the extent that action has been taken in reliance upon your authorization. Your request must be in writing.

Right to Request Alternative Method of Contact. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternative address for billing purposes. For more information about this right, see 45 C.F.R. § 164.522(b).

Complaints

If you believe your privacy rights have been violated, you may complain to CorsoCare Pharmacy, LLC and to the Department of Health and Human Services. You may make a complaint to us by contacting CorsoCare Pharmacy, LLC at the address or phone listed on the back of this sheet will not be retaliated against for filing a complaint.

CorsoCare Pharmacy, LLC's Obligations

CorsoCare Pharmacy, LLC is required to:

- maintain the privacy of protected health information;
- provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- abide by the terms of the Notice of Privacy Practices currently in effect;
- notify you if we are unable to agree to a requested restriction on how your health information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;
- obtain your written authorization to use or disclose your health information for reasons other than those identified in this Notice and permitted by law; and
- comply with your state's laws if they provide you with greater rights over your health information or provide for more restrictions on the use or disclosure of your health information.

CorsoCare Pharmacy, LLC reserves the right to change the terms of this Notice, our privacy practices, and to make the new provisions effective for all protected health information we maintain. You may contact CorsoCare Pharmacy, LLC at the address or phone listed on the back of this sheet to obtain a revised Notice of Privacy Practices.

Uses or Disclosures of Your Health Information

Treatment. We may use and disclose health information about you to provide you with pharmaceutical care or other medical treatment or services. To this end, we may communicate with other health care

providers regarding your treatment and coordinate and manage your health care with others. For example, information related to your treatment may be obtained by a health care provider, such as a pharmacist, nurse, respiratory therapist, or other person providing health services to you, and will be recorded in your medical record. This information is necessary for health care providers to determine what treatment you should receive. Health care providers also may record actions taken by them in the course of your treatment and note how you responded to the actions.

Payment. We may use and disclose health information about you to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third- party payor, such as Medicare, an insurance company, or a health plan. The information on the bill may include information that identifies you, your diagnosis, and treatment or supplies used in the course of your treatment. In some instances, we may disclose health information about you to an insurance plan before you receive certain health care products or services, to determine whether the insurance plan will pay for the particular product or service.

HealthCare Operations. We may use and disclose health information about you for administrative and operational purposes. Members of the risk management or quality improvement teams may use health information about you to assess the care and outcomes in your case and others like it. The results will be used internally to continually improve the quality of care for all patients. For example, we may combine medical information about many patients to evaluate the need for new products, services, or treatments. We may disclose information to health care professionals, students, and other personnel for review and training purposes. We also may combine health information we have with other sources to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy and to allow others to use the information to study health care without learning the identity of the specific patients.

We may also use and disclose medical information to:

- evaluate the performance of our staff and your satisfaction with our services;
- learn how to improve our facilities and services;
- determine how to continually improve the quality and effectiveness of the health care we provide; and
- conduct training programs or review competence of health care professionals.

Organized HealthCare Arrangement. An organized health care arrangement is a clinically integrated care setting in which individuals typically receive health care from more than one health care provider. We may participate in organized health care arrangements with long-term care facilities, hospice, or other health care facilities in connection with the services we furnish to patients in such settings. Health information may be shared between the participants in the organized health care arrangement for the health care operations of the arrangement.

Individuals Involved in Your Care or Payment for Your Care. We may release health information about you to a family member or friend who is involved in your medical care. We also may give information about you to someone who helps pay for your care. If you do not specifically inform us of individuals who are to be excluded from involvement in your care or payment for your care, we will assume that we have your permission to release

health information about you to family and friends as provided above. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

Business Associates. We provide some services through contracts with business associates, such as accountants, consultants, and attorneys. When such services are contracted, we may disclose health information about you to our business associates so that they can perform the tasks that we have assigned to them. To protect your health information, we require the business associate to appropriately safeguard health information about you.

Appointment Reminders. We may use health information about you to provide appointment or prescription reminders.

Alternative Treatments. We may use health information about you to provide you with information about alternative treatments or other health-related benefits and services that may be of interest to you.

Future Communications. We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease-management programs, wellness programs, or other community-based initiatives or activities in which we are participating.

Required by Law. We may use and disclose health information about you as required by federal, state, or local law. For example, we may disclose health information for the following purposes:

- for judicial or administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect, or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

Public Health. We may use or disclose health information about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Research. We may use or disclose health information about you for research purposes under certain circumstances. For example, we may disclose health information about you to a research organization if an institutional review board or privacy board has reviewed and approved the research proposal, after establishing protocols to ensure the privacy of your health information.

Health and Safety. We may use or disclose health information about you to avert a serious threat to your health or safety or any other person pursuant to applicable law.

Medical Examiners and Others. We may use or disclose health information about you to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.

Food and Drug Administration (FDA). We may use or disclose health information for purposes of notifying the FDA of adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Information Not Personally Identifiable. We may use or disclose health information about you in ways that do not personally identify you or reveal who you are.
Government Functions. We may use or disclose health information about you for specialized government functions, such as protection of public officials, national security and intelligence activities, or reporting to various branches of the armed services.

Workers Compensation. We may use or disclose health information about you to comply with laws and regulations related to workers compensation.

Correctional Institutions. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclosure health information about you. Such information will be disclosed to the correctional institution or law enforcement official when necessary for the institution to provide you with health care and to protect the health and safety of others.

Contact Information
If you have any questions, requests, or concerns about CorsoCare Pharmacy, LLC related health information rights or our use and disclosure of health information, please contact: CorsoCare Pharmacy, LLC, 833-256-2376, 21571 Kelly Road, East Pointe, MI 48021.

Under the Federal HIPAA Privacy Rule, we are required to give you our Notice of Privacy Practices, and make a good faith effort, before providing services, to get your:

Acknowledgement of Receipt of Notice of Privacy Practices

Name of Patient _____ **Facility** _____

By signing this form, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for CorsoCare Pharmacy, LLC.

Signature _____ Date _____

(Patient, Parent or Legal Representation)

Name and Relationship to Patient _____

(If signed by someone other than patient)