



## Client Enrollment Form

### Section 1. Client Information

Client Name	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Social Sec. #	_____	Date of Birth	_____ Sex: M / F
Mailing Address	_____		
	_____	City	State Zip
Shipping Address	_____		
	_____	City	State Zip
Email Address	_____	Phone	_____

### Section 2. Insurance Information

Payee/Billing Information - please provide a copy of Insurance Card

Billing Address	_____		
	_____	City	State Zip

#### Primary Insurance Information

PolicyHolder Name	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Social Sec. #	_____	Date of Birth	_____ Relationship
Insurance Company	_____	Policy/Group#	_____

#### Secondary Insurance Information

PolicyHolder Name	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Social Sec. #	_____	Date of Birth	_____ Relationship
Insurance Company	_____	Policy/Group#	_____

### Section 3. Brief Medical History

Diagnosis/Medical Conditions, please describe:	_____
Medication Allergies:	Y / N If yes, please describe: _____
Current Medications:	_____

### Section 4. Prescription Packaging

Which type of packaging would you prefer?					
Vial - Child Resistant	Y / N	30-Day Card	Y / N	Dispill	Y / N Other Y / N

### Section 5. Refill Reminder Program

Genoa Healthcare Pharmacy, in order to provide prompt and convenient service to all of our clients and to better assist our clients with their medication therapy, has the ability to contact a client, guardian, or caregiver by phone when a prescription refill is due.

We can then fill the prescription and have it ready for pickup, or we can mail the prescription out to you at no extra charge.\*

This service is on a voluntary basis.\*\*

I would like to enroll in the program:	Y / N	Text Refill Reminders	Y/N
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\*Certain restriction apply on certain medications, please consult with the Pharmacist to see if you qualify.

\*\*Genoa Healthcare will not share any information obtained and will not use it for any other purpose, but for the Refill Reminder Program

I understand and acknowledge that I am personally responsible for the charges at this facility and that Genoa will bill my insurance as a courtesy. In the event of non-payment, I understand that I will be responsible for any outstanding balance.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date



Dear Genoa Healthcare Client \_\_\_\_\_:

State and Federal regulations require that we have a signed statement on file from you declining the use of child resistant containers for your prescription medications (**this includes bubble packaging**).

Please sign and date this statement and return it to Genoa Healthcare at your earliest convenience.

We appreciate your cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Genoa Healthcare Pharmacist

**“I do not want my medications dispensed in child resistant containers.”**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GENOA HEALTHCARE LLC  
1707 Main St Suite 102  
La Crosse, WI 54601  
608.433.2287  
608.433.2392



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## Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Genoa Healthcare. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full. Our *Notice of Privacy Practice* is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at [www.genoahealthcare.com](http://www.genoahealthcare.com) or contacting Genoa Healthcare at 1-888-GENOARX (1-888-436-6279).

I acknowledge receipt of the *Notice of Privacy Practices* of Genoa Healthcare.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(patient/parent/conservator/guardian)

*If you have received this Acknowledgement by mail, please return to:*

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## Inability to Obtain Acknowledgement

(For Genoa Healthcare employee use only)

Please document your efforts to obtain acknowledgement and reason it was not obtained.

- Notice of Privacy Practices given – Patient unable to sign
- Notice of Privacy Practices given – Patient declined to sign
- Notice of Privacy Practices and Acknowledgement mailed to patient:
  - Date 1<sup>st</sup> attempt: \_\_\_\_\_
  - Date 2<sup>nd</sup> attempt: \_\_\_\_\_
- Other reason patient did not sign: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Genoa Healthcare employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Site Location*



18300 Cascade Avenue South, Suite 251  
Tukwila, WA 98188  
Phone: (425) 679-5694  
Fax: (253) 604-6068

## **NOTICE OF PRIVACY PRACTICES**

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.

Genoa Healthcare (the "Pharmacy") is required to maintain the privacy of your Protected Health Information ("PHI") and to provide you with a notice of our legal duties and privacy practices with respect to PHI. PHI is information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI about you to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

The Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We may need to change our privacy practices from time to time. Before making such changes, however, the Pharmacy will modify this Notice and begin distributing it to patients when they are treated by the Pharmacy. These new practices will then apply to all information held by the Pharmacy. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking the Privacy Officer.

### **Your Health Information Rights**

You have the following rights with respect to PHI about you:

- *Obtain a paper copy of the Notice upon request.* You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact the Privacy Officer whose name appears at the end of this Notice.
- *Request a restriction on certain uses and disclosures of PHI.* You have the right to request additional restrictions on our use or disclosure of PHI to health plans about you by sending a written request to the Privacy Officer whose name appears at the end of this Notice. We are not required to agree to those restrictions except in the following circumstances:
  - I. The PHI solely pertains to health care services you received and paid out of pocket in full; and
  - II. The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law.
- *Inspect and obtain a paper copy and/or an electronic copy of PHI.* You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The "designated record set" usually will include prescription and billing

records. To inspect or copy PHI about you or to receive your records electronically, you must send a written request to the Privacy Officer whose name appears at the end of this Notice. We may charge you a fee for the costs of labor, copying, mailing, or other supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed. You may request to have your records transmitted to a chosen designee (hard copy or electronic) but this request must be in writing, signed and must clearly identify the designated person and where to send the records. We shall have 30 days to render your records to you or your designee (60 days if the records are located in an off-site storage location).

- *Request an amendment of PHI.* If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the Privacy Officer whose name appears at the end of this Notice. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we give a rebuttal to your statement.
- *Receive an accounting of disclosures of PHI.* You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the Privacy Officer whose name appears at the end of this Notice. Your request must specify the time period, but may not be longer than six years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- *Request communications of PHI by alternative means or at alternative locations.* For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit your request in writing to the Privacy Officer whose name appears at the end of this Notice. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.
- *Receive breach notifications.* You have the right to be notified of any breaches of unsecured PHI within 60 calendar days of the date when the breach was discovered.

### **Examples of How We May Use and Disclose PHI**

The following are descriptions and examples of ways we use and disclose PHI:

*We will use PHI for treatment.* Example: Information obtained by the pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

*We will use PHI for payment.* Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We will use PHI for health care operations. Example: The Pharmacy may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We are likely to use or disclose PHI for the following purposes:

**Business associates:** There are some services provided by us through contracts with business associates. Examples include our software system vendor and technology provider. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

**Communication with individuals involved in your care or payment for your care:**

Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

**Health-related communications:** We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

**As required by law:** We must disclose PHI about you when required to do so by law.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

We are permitted to use or disclose PHI about you for the following purposes:

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Fundraising:** We may contact you as part of a fundraising effort. You have the option to opt out/opt in of fundraising communications and we will not condition treatment or payment based on your decision.

**Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

**To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others:** We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

### **Other Uses and Disclosures of PHI**

The Pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

### **Marketing**

If the Pharmacy is receiving financial remuneration by a third party for communicating products/services to you, that is considered marketing. In such case, we will obtain a one-time written authorization from

you allowing us to advertise products/services in which we are receiving financial remuneration with the option for you to “opt out”. However, we are not bound to obtain your written authorization if the remuneration we receive is directly related to the cost of the communication. Face-to-face communications/marketing are exempt from requiring an authorization to advertise or transmit a paid-for communication to a patient.

### **Sale of PHI**

Even where disclosure is permitted, we will not disclose your PHI in exchange for remuneration without your written authorization. This includes financial remuneration received directly or indirectly, along with any other type of remuneration.

*Exceptions to this clause are the following:*

- Treatment & payment
- Sale of business
- Remuneration for services rendered
- Disclosure required by law
- Research (if remuneration is limited to the cost to prepare and transmit PHI)
- Providing you access or accounting of your records
- Any other permitted disclosure where we will only receive a reasonable, cost-based fee to prepare and transmit your PHI.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the Privacy Officer whose name appears at the end of this Notice. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer whose address appears at the end of this Notice or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Effective Date**

This Notice (Version #5) is effective as of June 14, 2013.

For questions or concerns regarding this notice, please contact our Privacy Officer.

Ira Paligutan, Privacy Officer  
Genoa Healthcare  
Phone: (425) 679-5694 or 425-679-5686  
Fax: (253) 604-6068  
Email: [compliance@genoahealthcare.com](mailto:compliance@genoahealthcare.com)  
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