

## User Registration

Trio Health has built a cloud-based portal that combines dispensing data and clinical information from participating pharmacies. By registering, you will get to:

- Track the entire patient journey
- Access the analytical dashboard where you can compare your patients to the national average based on efficacy, access, and adherence
- Access of all these tools & metrics for FREE!

### User Information

**User**

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

*Please Note: Mobile and Email are both needed to receive a code & access encrypted account setup information.*

### Practice Information

**Practice**

Practice Name: \_\_\_\_\_

Practice Type:    Academic    Community   Practice Phone: \_\_\_\_\_

### Specialty Pharmacy Information

**Please list your preferred Specialty Pharmacy/Pharmacies.**

Specialty Pharmacy 1: \_\_\_\_\_

Specialty Pharmacy 2: \_\_\_\_\_

Specialty Pharmacy 3: \_\_\_\_\_



Please Fax or Email Completed Form to:

781.693.1310(f)

Joy Doll - 314.308.8958(p)

[ClientServices@TrioHealth.com](mailto:ClientServices@TrioHealth.com)

### Agreement for Access to Patient Information within your Practice

Trio Health Advisory Group agrees to provide you access to the Trio Platform under the following conditions:

- You acknowledge that you have the authority to access PHI from the prescribers provided below
- You comply with the Participation and Business Associates Agreement that you will need to accept upon the first login
- You agree to notify Trio Health of any changes in your permission to access PHI

#### Prescribers For Whom You Have Authority to View PHI\*

**Prescriber 1\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 2\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 3\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 4\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 5\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 6\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

#### CONFIRM SUBMISSION

Your authorized signature grants Trio Health permission to create your user account based on the terms above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form entitles you to the PHI associated with the listed prescribers at this practice. If you require access to PHI with these prescribers at a different practice, please complete another form.

**Prescribers For Whom You Have Authority to View PHI\*****Prescriber 7\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 8\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 9\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 10\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 11\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 12\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 13\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 14\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 15\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 16\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_

**Prescriber 17\***

Name: \_\_\_\_\_ MD/DO/NP/PA/RN/MA Other: \_\_\_\_\_

NPI: \_\_\_\_\_ Email: \_\_\_\_\_