

Signature:

## HCP/HCO SUPPORT SERVICES REGISTRATION AND CONSENT FORM

T. 833+533+TRIO

T. 289+312+1599

F. 833+333+1599

info@triolab.ca

Date:

391B Matheson Blvd East, Mississauga, ON, L4Z 2H2

The following form is made available to Healthcare Professionals/Organizations" HCP/HCO" wishing to provide access to their patients to the services of Trio Labs Inc including reimbursement/coverage support, as well as education and training and other health services.

These services are intended to provide accessible, convenient, and integrated services to the HCP/HCO's patients. Patient participation is voluntary and patients and/or their guardians will inform "Trio" if they choose not to use its services.

HCP Organization		
HCP Names(s)	Licens Numbe	
Profession (Medicine, Optometry, Dentistry, Pharmacy etc.)  MAILING/SHIPPING ADDRESS:		
CITY:		PROVINCE:
POSTAL CODE		
SUPPORT/OFFICE CONTACT NAME AND NUMBER	Name(s):  Position: Contact Number:  Email:	
Preferred Document/PAP/PSP Signage Mechanism	□ Fax (Please provide Fax Number:)  (Signed Documents will need to be faxed back to 1-833-333-1599)  □ E-Signature (Please provide email digital signature link can be sent to)  (Secure link to sign e-documents for patient information (finger or mouse signature)	
I verify that the information provided in this application is complete and accurate. By signing this form, I understand and consent to sharing personal and medical information ("Information") about participating patients with Trio Labs Inc. (DBA/Trio Health Navigator), "Trio", a private corporation, for the sole purposes of assisting patients to secure coverage for medication(s) and to provide additional education, training and other services that maybe needed. I authorize Trio to act on by behalf to fill required forms and provide information on my behalf with public and private insurers, patient support programs or other organizations for the purposes related to the services. All forms that require signatures will be forwarded by Trio to the designated contact information provided above. As an HCP/HCO we reserve the right to not sign any form provided to me based on professional discretion. I am aware that some Information may be transmitted electronically within or outside the province as is reasonably required for the services preformed. I also understand that my participation in this service is voluntary and may be withdrawn at any time by sending a written request to: Trio Labs Inc., C/O The Privacy Officer, 391B Matheson Blvd East, Mississauga, ON, L4Z 2H2 or by emailing us at info@triolab.ca		

Name: