

RxDIRECT ENROLLMENT FORM

NEED HELP? CALL 1-800-785-4197

Member Information

Member Name (Last, MI, First): _____
Member ID: _____ Date of Birth: ____ / ____ / ____ Sex: M F
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Second Phone: _____

Doctor Information

Doctor's Name: _____
Doctor's Phone: _____

Health Information

Drug Allergies (Please List): _____

Diseases (i.e. Asthma): _____

Co-Pay Payment Information

Check/Money Order* Credit Card
**Orders will not be shipped until payment is received*

If Credit Card, please complete the following:

Visa MasterCard Discover

Name As It Appears On Card: _____
Card #: _____
Expiration Date: _____

Please fill out this form and return in the Business Reply Envelope:
RxDirect
P.O. Box 2470
Texarkana, Texas 75504-2470
OR Fax to: (903) 735-4011



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 9 TEXARKANA TX

POSTAGE WILL BE PAID BY ADDRESSEE

RX DIRECT
PO BOX 2470
TEXARKANA TX 75504-9856



RxDirect's NOTICE OF PRIVACY PRACTICES

Updates will be posted on our web site at <http://www.rxdirect.com/> or call for revised copy of notice

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. If you have questions about this notice, please contact Rx Direct at 1-800-785-4197.

Protecting your privacy

Protecting your privacy and your medical information is at the core of our business and is required by law. RxDirect, Inc. recognizes our obligation to keep your information secure and confidential. You can count on RxDirect, Inc. to keep you informed about how we protect your privacy and limit the sharing of information. RxDirect, Inc. will abide by this notice of privacy, yet if updated the new notice will be in effect from that time forward.

Keeping your private health information secure

In the course of doing business, RxDirect, Inc. collects and uses various types of information, such as name, address, and claim information, as well as medical and health information known as Private Health Information. RxDirect, Inc. uses this information to accurately process your prescriptions and receive payment for your healthcare services.

RxDirect, Inc. employees follow policies and procedures according to HIPAA privacy and security rules. They are trained to safeguard information while performing all business services according to established security standards, procedures, and applicable laws, and access information about you only when necessary to fill your prescriptions, verify eligibility, obtain an authorization, process claims with your insurance company, communicate with doctor(s) and/or their office staff, and otherwise meet your needs. RxDirect, Inc. meets strict physical, electronic and procedural security standards to protect personal information.

Keeping private health information accurate

Keeping your health information accurate and up-to-date is very important. If you believe the private health information we have about you is incomplete, inaccurate or not current, please RxDirect at 1-800-785-4197. You may review your private health information, request amendments or additional restrictions, and ask for an accounting of authorized disclosures by sending a written request to the Pharmacist-In-Charge, RxDirect at 5001 Stateline Avenue, Suite C, Texarkana, Texas 75503. Our pharmacist in charge will personally supervise any request. RxDirect, Inc. will take appropriate action to correct any erroneous information as quickly as possible. You also have the right to contact the Secretary of Health and Human Services if you feel RxDirect, Inc. has not satisfied your needs. You can identify the Secretary of Health in your State by logging on to the RxDirect website at <http://www.rxdirect.com/>.

How and why private health information is shared

RxDirect, Inc. limits who receives information and what type of information is shared.

- RxDirect, Inc. shares information as previously stated to deliver your prescription services and receive payment.
- To help us offer you our services, we may share information with self-funded employer groups, claim processors, and your employee benefits or workers compensation insurance company. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.
- Except as required by law or stated within this notice, with your written authorization, patient-specific, personally identifiable data will be released only when required to provide a service for you. Data is released on the condition that the person receiving the data will not release it further, unless you give permission. You may revoke your authorization in writing at any time.
- As required by law, RxDirect, Inc. does share information with certain government agencies. They include:
 1. Public Health Agencies for controlling disease, injury or disability.
 2. Health Oversight Agencies for audits, investigations, and inspections.
 3. Food and Drug Administration for reporting medication adverse events, defects, product recalls and etc.
 4. Judicial or law enforcement agencies who demand release of information by subpoena, court order or other such legal process.
 5. An authorized public or private entity to assist you in a disaster relief effort or emergency care treatment situation.
- RxDirect, Inc. does not share any customer information with third-party marketers who would offer their products and services to you.

Instructions: Please sign at the dotted line, sign and include with your enrollment form.

I have been provided with a Notice of Privacy Practices that provides a description of the uses and disclosures of certain health information. I understand that RxDirect, Inc. will abide by the terms of the current notice yet, reserves the right to change their Notice of Privacy Practices and prior to implementation will post any changes on their web site at <http://www.rxdirect.com/>. I can also request a copy be mailed to me by calling RxDirect at 1-800-785-4197.

This notice is given with the understanding that:

1. RxDirect does use private health information to accurately process my prescriptions and receive payment.
2. Required by law, any and all records are confidential and cannot be disclosed without my prior written authorization, except as previously stated within this notice or provided by law. I may revoke my authorization at any time, except where information has already been released. I have the right to review any authorized disclosures.
3. I have the right to review my private health information and request amendments. *
4. I have the right to request additional restrictions on the use of my private health information. *
5. If I feel my privacy has been violated, I can contact RxDirect, Inc. or the Secretary of Health and Human Services.

* RxDirect, Inc. is not bound by the restriction/amendment unless it is in agreement with the restriction/amendment.

Signature of Insurance Cardholder

Printed Name of Insurance Cardholder

Date