

Account Profile Agreement

Name of Subscriber	Name of End User (If different from Subscriber)
First Name:	First Name:
Last Name:	Last Name:
Email:	Email:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone:	Phone:
Designated caregivers to be notified for assistance.	
Name of Caregiver 1:	Phone:
Name of Caregiver 2:	Phone:
Name of Caregiver 3:	Phone:
Notice of Medication Call Reminder Practices and Privacy Statement	
<p>Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. By signing this form, you consent to our use and disclosure of protected health information about you for to facilitate your medication reminder service. You have the right to revoke this Consent, in writing, signed by you. The Service provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).</p> <p>Medication Call Reminder has implemented policies, processes, and procedures designed to ensure compliance with Federal and State information security laws, regulations, and rules, and monitors ongoing compliance efforts and maintains various reporting mechanisms that are required by law or requested by its customers. Medication Call Reminder recognizes that it is a key business partner with its customers and will continue to provide all of its various programs and services in accordance with the relevant requirements of all state and federal laws and regulations, including, as applicable, HIPAA.</p> <p>For additional information regarding Medication Call Reminder’s privacy practices as they relate to this website, please see the Privacy Policy.</p> <p style="text-align: right;"><u>Please click the link below to confirm your subscription:</u></p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-left: auto; margin-right: auto;">I have read and accept the Sign Up Agreement.</div>	