



**Dear Patient,**

Meijer Specialty Pharmacy may be able to assist you with access to patient support services provided by third parties. Support services may include but are not limited to copay cards, free drug programs, access to limited drugs, medication therapy management, reimbursement assistance, or disease-based support programs. These services may be provided by third parties independent from Meijer like pharmaceutical manufacturers, nonprofit foundations, or other outside companies.

For Meijer to provide assistance to you in identifying appropriate financial and/or support services provided by third parties, Meijer will need to review, use and disclose your protected health information (PHI) to certain third parties.

You are not required to agree to this Authorization. However, failure to provide this Authorization will prevent Meijer from assisting you in obtaining assistance that you may need from third parties.

Please review this Authorization carefully. If you have any questions regarding this Authorization, please contact Meijer at (855) 263-4537.

Sincerely,

Meijer Specialty Pharmacy

Meijer Pharmacy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-543-3704. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-543-3704。LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-543-3704. UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-543-3704.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-543-3704.

## PATIENT AUTHORIZATION AND NOTICE OF RELEASE OF INFORMATION

### 1. Information to be Used and Disclosed

This Authorization permits Meijer, Inc., Meijer Stores Limited Partnership, Meijer Great Lakes Limited Partnership, and its affiliates (collectively, "Meijer") to use and disclose my medical records and financial information, including but not limited to my diagnosis, medications, and personal information, e.g., name, address, social security number, health insurance information, if any, and household and income information. All or parts of this information may be considered protected health information (PHI). I understand these records may contain information created by other persons or entities, including physicians and other health care providers as well as information regarding the use of drug and alcohol treatment services, HIV/AIDS treatment, mental health services (excluding psychotherapy notes\*), reproductive health services, and treatment for sexually transmitted diseases.

\* This form may not be used to release both psychotherapy notes and other types of health information. A separate form must be used for release of psychotherapy notes.

### 2. Persons Authorized to Disclose Information

By signing this authorization, you authorize Meijer to disclose the information described in paragraph 1.

### 3. Persons to Whom Disclosure May Be Made

Meijer may disclose the information identified in paragraph 1 to third parties who provide patient support services, including but not limited to copay cards, free drug programs, access to limited drugs, medication therapy management, reimbursement assistance or disease-based support programs. These third parties may be nonprofit foundations, companies engaged to administer copay card programs, patient assistance or free drug programs, or pharmaceutical manufacturers or companies affiliated with pharmaceutical manufacturers.

### 4. Purpose

My PHI may be used for the purpose of obtaining patient support services, including but not limited to copay cards, free drug programs, medication therapy management, reimbursement assistance, or disease based support programs as administered by those identified in paragraph 3. Such financial assistance may include covering co-payments or full or partial costs of my treatment.

### 5. Expiration Date

This authorization will remain effective, unless revoked by me in writing, until the end of my treatment relationship with Meijer Specialty Pharmacy.

## 6. Notices

I understand that once PHI is disclosed pursuant to this authorization, there is no guarantee under federal law that the recipient will not redisclose my health information to a third party. Any such third party may not be required to abide by this authorization or applicable federal law governing the use and disclosure of my health information.

I understand that I may refuse to sign or may revoke (at any time) this authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of Meijer's treatment of me.

I understand that this Authorization will remain in effect until it expires as described above or I provide a written notice of revocation by mail to Meijer Specialty Pharmacy, 300 Merchant Lane, Suite 305, Pittsburgh, PA 15205, or via fax to (855) 963-4537. The revocation will be effective immediately upon Meijer's receipt of my written notice, except that the revocation will not affect any disclosures by Meijer or others referenced in this authorization in reliance on this authorization before Meijer received my written notice of revocation.

## 7. Signatures

I have read and I understand the terms of this authorization, and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize the use and/or disclosure of my health information in the manner described above.

---

Patient's Name

---

Signature of Patient or Representative

---

Date

---

Description of Representative Authority

---

Address of Patient

---

Patient's Date of Birth