

**SUPPRELIN<sup>®</sup> LA**  
(histrelin acetate) subcutaneous implant

**PATIENT AUTHORIZATION FORM FOR SUPPRELIN<sup>®</sup> LA**

**The SUPPRELIN<sup>®</sup> LA Support Center may require a signed Patient Authorization Form in order to begin the patient access process. Please call the Support Center 1-855-270-0123 to determine if this requirement applies to you (the personal representative).**

The patient's doctor has prescribed SUPPRELIN<sup>®</sup> LA. The SUPPRELIN<sup>®</sup> LA Support Center can provide certain services to you and the patient during the search for SUPPRELIN<sup>®</sup> LA reimbursement, and during the patient's therapy with SUPPRELIN<sup>®</sup> LA.

In order to provide these Services, the Support Center will need to use the patient's health information (called "Protected Health Information" or "PHI"), and to share it with your health plan and the pharmacy that will receive the prescription from your doctor. Your authorization will allow your healthcare providers, health plans, and pharmacy providers to disclose PHI to the Support Center so that the Support Center may provide these services to the patient or on the patient's behalf.

**Authorization and Signature:**

By signing this Authorization, I authorize my healthcare providers, pharmacies, health insurers and other programs that provide the patient with health benefits to disclose the patient's personal health information (including medical records) and insurance information to Endo Pharmaceuticals Inc. and its representatives and agents (collectively, "Endo"), to use and disclose as may be necessary to assist in the patient's treatment and coordination of care, including, but not limited to, information relating to medical condition, treatment, care management, and health insurance, as well as all information provided on this form and any prescription ("Personal Health Information"), to the Support Center and its representatives, agents, and contractors for the following purposes: (1) to establish eligibility for benefits; (2) to communicate with healthcare providers and me about the patient's medical care; and (3) to facilitate the provision of products, supplies or services by a third party including, but not limited to, specialty pharmacies and (4) to register the patient in any applicable product registration program required for treatment. I understand that Personal Health Information disclosed under this Authorization may no longer be protected by federal privacy law and may be re-disclosed by the Support Center. I understand that pharmacy providers may receive remuneration for disclosing the patient's Protected Health Information pursuant to this Authorization. I understand that I may refuse to sign this Authorization and that the patient's treatment, payment, enrollment or eligibility for benefits are not conditioned on my signing this Authorization. I understand that I am entitled to a copy of this Authorization. I understand that I may cancel this Authorization at any time by mailing a letter requesting such cancellation to the SUPPRELIN<sup>®</sup> LA Support Line, PO Box 2910, Phoenix, AZ 85062, but that this cancellation will not apply to any information already used or disclosed through this Authorization. This Authorization expires five (5) years from the date signed below.

Patient/Child's Printed Name: \_\_\_\_\_

If you are signing this Authorization as a personal representative of the person to receive SUPPRELIN<sup>®</sup> LA, please state your relationship (e.g., "mother," "father," "legal guardian"):

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SUPPRELIN<sup>®</sup> LA SHARES Co-Pay ASSISTANCE PROGRAM Participation**

I authorize The SUPPRELIN<sup>®</sup> LA Support Center and its contractors to use and/or disclose personal health related information to determine eligibility and, if eligible, enrollment in the SUPPRELIN<sup>®</sup> LA SHARES Co-Pay Assistance Program

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please fax signed form to (888) 882-4037**

**For questions, please call The SUPPRELIN<sup>®</sup> LA Support Center toll-free at 1-855-270-0123**