



Women's Health
ACCESS SOLUTIONS

Patient Authorization Form

PARAGARD® (intrauterine copper contraceptive)

Fax: (855) 215-5315

Phone (888) 275-8596

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www.TWHAccessSolutions.com

Biologics, Inc. C/O TWH Access Solutions

120 Weston Oaks Court

Cary, NC 27513

In accordance with the Health Insurance Portability and Accountability Act of 1996 and related federal regulations and rules ("HIPAA"), this Authorization authorizes my healthcare provider, health plan, and my pharmacy to disclose my health and personal information to Teva Women's Health, Inc. and its agent, Biologics, Inc. (and its affiliates, and their respective representatives, and agents (collectively, "Biologics")) in furtherance of the below stated authorized purposes. This Authorization also authorizes Biologics to call me for an appointment reminder before my placement date. The Teva Women's Health Access Solutions program is the "Access Solutions Program" operated by Biologics on behalf of Teva Women's Health, Inc.

Authorized Purposes

I understand that the Access Solutions program and Biologics will receive my health and personal information for the following purposes: (1) to conduct benefit verification determining insurance reimbursement and coverage of PARAGARD®; (2) if my physician selects that the PARAGARD® unit is shipped by a specialty pharmacy, to contact me to discuss any relevant copay, to bill the insurance company, to bill the applicable copay and to ship the unit to my healthcare provider and (3) to contact me by telephone to remind me about appointments and in furtherance of conducting benefits investigations.

By signing the following form, I understand:

1. Once my healthcare provider gives Biologics and the Access Solutions program information about me based on this Authorization, my medical and health information may be subject to redisclosure and no longer protected by federal privacy regulations.

I further understand and agree that Biologics and the Access Solutions program may retain my medical and health information as disclosed under this Authorization after this authorization expires for purposes related to the appointment reminder call data.

I also understand that in the event of an audit, and for purposes of such an audit, some information may also be disclosed to Teva Women's Health, Inc., the manufacturer of PARAGARD®, or its affiliates after this Authorization has expired, so long as the audit is for a period of time when this Authorization was in effect.

2. I may refuse to sign this Authorization form and that, unless allowed by law, my refusal to sign will not affect my ability to obtain treatment from my healthcare provider; or to seek payment; or my eligibility for benefits.

3. I may revoke my authorization at any time by providing a written notice of same to my healthcare provider that refers to (or with a copy of) this Authorization form, or to Biologics/the Access Solutions program at the address listed at the top of this Authorization. However, I understand that if I revoke this authorization, it will not affect prior disclosures made by my healthcare provider to Biologics and any use of such information by Biologics in reliance of this authorization. I understand that I have the right to receive a copy of this Authorization.

4. This Authorization shall expire one year after I have signed it, or upon revocation, whichever is earlier.

Signature of Patient or Personal Representative

Dated

Name of Patient or Personal Representative

(If Applicable) Description of Personal Representative's Authority to Sign for Patient

