AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

I authorize the use or disclosure of health information about me as described below.

1. I agree to permit my doctor and Amneal Pharmaceuticals LLC ("Amneal"), its affiliates, and those working with Amneal or its affiliates to use and disclose health information about me in relation to my treatment with acitretin.
2. I agree to permit Amneal to receive the following health information about me: All health information related to reimbursement of certain costs related to lab work and physician counseling, and health information in my medical records that is relevant to my treatment with acitretin.
3. Amneal is authorized to use the information to determine if I qualify for reimbursement under the Education and Pregnancy Prevention for Acitretin (EPPA™) Program and, if it is determined that I qualify, in providing my doctor reimbursement for certain approved costs.
4. I understand that Amneal is not a health care provider or health plan covered by federal privacy regulations, and when the information described above is disclosed to Amneal it will no longer be protected by these regulations.
5. I understand that I may refuse to sign this authorization. If I do not sign, however, I understand that I will not be able to apply for or receive reimbursement of certain costs under the EPPA™ Program.
6. I understand that I may revoke this authorization at any time by sending a written request to the EPPA™ Program, Attn: EPPA™ Program, 200 Pinecrest Plaza, Morgantown, WV 26505 except to the extent that action has been taken in reliance on this authorization.
7. This authorization expires 1 year after my participation in the EPPA™ Program ends.

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Signature of patient or representative   Date

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Patient name

____

Name of personal representative (if applicable)

____

Relationship to patient

Education and Pregnancy Prevention for Acitretin Program

Patient Copy

(A copy of this signed form will be provided to the patient)

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Education and Pregnancy Prevention for Acitretin Program

Amneal Pharmaceuticals LLC Copy

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