



HIPAA AUTHORIZATION RELEASE FORM

Averitas Pharma QUTENZA Field Access Support professionals assist patients with patient access questions by educating providers on the process of claim submissions, local and regional payer requirements, coding issues and the availability and details of patient assistance programs. In particular, they are trained to serve patients by helping providers navigate individual patient access issues for QUTENZA. As part of these activities, they will likely need access to Protected Health Information (PHI) as defined under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), including the patient's demographic information, medical history, healthcare plan benefits, and/or limits or restrictions on payments covered by the patient's health care plan. This information will be used to comply with safety regulations as well as the purposes described above and related activities.

I request and authorize my physician, pharmacy, healthcare professionals and health plan to review and discuss my medical records; including medical history, healthcare plan benefits and and/or limits and restrictions on payments covered by my health care plan with Averitas Pharma QUTENZA (including any of its affiliates). I understand and acknowledge that such disclosure of PHI to the Averitas Pharma QUTENZA Field Access Support professionals is for the purpose of supporting my treatment and is disclosed in accordance with any applicable exceptions under HIPAA. This authorization is valid for 10 years unless I notify MyQutenzaCoverage, care of Averitas Pharma QUTENZA Field Access Support, of revocation in writing to Averitas Pharma, Inc., 360 Mt Kemble Ave., 3rd Floor, Suite 3, Morristown, NJ 07960 and will be effective upon receipt.

Patient Name: _____

Patient Signature (or Guardian): _____

Guardian's Name: _____ Date: _____

Provider's Signature (or Representative): _____

Please fax the original to MyQutenzaCoverage at 855-454-8746 and maintain a copy for your records.