



## **NEW PATIENT WELCOME PACKET**

1312 Northland Drive, Suite 500, Mendota Heights, MN 55120  
sterlingspecialtyrx.com | support@sterlingspecialtyrx.com  
Ph: 888.618.4126 | Fax: 866.588.0371

Sterling Specialty Pharmacy supplies specialty medications needed for people receiving treatment for complex conditions such as cancer, hepatitis, inflammatory bowel disease, multiple sclerosis, osteoporosis, psoriasis, rheumatoid arthritis, etc.

We will provide personalized education on your condition and treatment, provide proper medication administration training, determine insurance coverage, and if available, apply financial assistance to lower your out-of-pocket costs.

You will have the convenience of filling your medications with your own personal care coordinator that you can get to know and trust! We will continue to work with your local physicians and specialists in order to make this process as smooth as possible.

Sterling Specialty Pharmacy is a proud member of Astrup Companies—an independent, family-owned organization established in 1952. Our entire staff is dedicated to making your experience with Sterling Specialty Pharmacy an exceptional one. We share your concern for your health, and we encourage you to reach out anytime if you have a question about this new program.

## THE LIFE OF YOUR PRESCRIPTION

1. Prescriptions are referred to the pharmacist at the direction of either you or your provider.
2. If you are new to our pharmacy, a patient care coordinator will reach out to you and explain the process as well as next steps to receive your medication.
3. Our team will begin the benefits investigation process with your insurance company and manufacturers to get you the best possible price for your product.
4. A pharmacist will verify your order and use their clinical expertise to ensure the medication will be safe and effective. In some instances, our pharmacists will use specialized software to ensure you are able to achieve your clinical goals.
5. Our team will fill the medication and arrange for delivery.

**Note:** In some cases, your medication may need prior authorization through your insurance company. We will work quickly to resolve these issues and include you in the process so that you are able to control how your care is handled.

If our pharmacy is unable to fill your prescription as a result of insurance contracting, we will be sure to transfer your prescription to an eligible pharmacy. Also, we will not process any payments without your understanding of your copay and cost responsibility, if any.

## PAYMENT POLICY

1. **Drug Claims:** Sterling Specialty Pharmacy will bill your insurance company for you. However, you may still be required to pay a portion of the cost, which is called a copayment. You will be responsible for paying your copayment when you order your medication or refills. We will tell you the exact amount you need to pay Sterling.

2. **Medical insurance Claims:** Sterling Specialty Pharmacy will bill all medical insurance claims for you. However, you may be responsible for paying a coinsurance and/or deductible amount.
3. **Outstanding Balances:** If for any reason you owe a balance, the balance will need to be paid prior to your next refill. We accept Visa, MasterCard, American Express, and Discover credit cards.
4. **Payment Plan:** If you need help arranging a payment plan for the money you owe, please call our billing and reimbursement department at 888.618.4126. If you get a check from the insurance company, you should send it to Sterling Specialty Pharmacy with a copy of the Explanation of Benefits (EOB) statement you received.

## TALK TO OUR PHARMACISTS

Our pharmacists are available for counseling on the medications provided to you at the number listed on the label of your medication. Written information about this prescription has been provided for you. Please read this information before you take the medication.

## TALK TO OUR SUPPORT STAFF

You may reach our team by phone at 888.618.4126. We can also be reached by sending an email to [support@sterlingspecialtyrx.com](mailto:support@sterlingspecialtyrx.com).

Your Sterling Specialty Pharmacy team of experts can:

- Schedule a refill shipment
- Provide clinical support
- Check the status of your order
- Answer billing or insurance questions

## HOURS OF OPERATION

Our pharmacy is open Monday through Friday from 7:30am – 5:30pm (central time). We also have 24-hour, on-call services after hours at 888.618.4126.

Sterling Specialty Pharmacy is closed on the following federal holidays:

1. New Year's Day (January 1)
2. Memorial Day (last Monday in May)
3. Independence Day (July 4)
4. Labor Day (first Monday in September)
5. Thanksgiving (fourth Thursday in November)
6. Christmas (December 25)

## PRESCRIPTION DRUG MONITORING PROGRAMS

In an effort to help curb the opioid epidemic, Sterling Specialty Pharmacy reports prescriptions for controlled substances to prescription drug monitoring programs (PDMPs) as required by state law. This information may be requested by specific individuals from state PDMPs for a limited number of purposes as authorized by state law.

## GENERIC SUBSTITUTION

Sterling Specialty Pharmacy will substitute a lower-cost medication for a brand-name medication, if available, unless you or your doctor asked for a specific name-brand medication. This may occur for new prescriptions, refills, therapeutic changes, and/or prescription transfers.

## EMERGENCY PREPAREDNESS

In the event of an emergency, follow instructions from your local law enforcement, civil defense, and emergency preparedness professionals. Depending on the situation, our pharmacy may also be closed, but we will continue to answer your calls through our on-call service.

## DRUG DISPOSAL GUIDELINES & LOCATIONS

Many community-based medication take-back programs offer the best option. Otherwise, almost all medicines can be thrown in the household trash, but consumers should take the precautions described below.

1. Follow any specific disposal instructions on the prescription label or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
2. Take advantage of programs that allow the public to take unused medications to a central location for proper disposal. Call your local law enforcement agencies to see if they sponsor medicine take-back programs in your community. Contact your city's or county government's household trash and recycling service to learn about medication disposal options and guidelines for your area.
3. Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital, or clinic pharmacies and law enforcement locations. Some offer mail-back programs or collection receptacles ("drop-boxes"). Visit the DEA's website at [www.sterlingspecialtyrx.com/drugdisposal](http://www.sterlingspecialtyrx.com/drugdisposal) or call 1.800.882.9539 for more information. To find an authorized collector in your community, visit [www.sterlingspecialtyrx.com/disposallocations](http://www.sterlingspecialtyrx.com/disposallocations).

## DISPOSING OF BIOMEDICAL WASTE

If your therapy involves the use of needles, you will be given a red “sharps” container with your supplies. You will use this container to dispose of all needles, syringes, and any other sharp objects for your care. The following simple rules will help to ensure you and your family’s safety during your therapy:

1. Never place the cap back on a used needle. Instead, place it immediately in the “sharps” container.
2. Always keep the “sharps” container out of reach of children and pets.
3. Call Sterling Specialty Pharmacy for a new “sharps” container before it is full. Never overfill the container, as you may be exposing yourself or a family member to a dirty needle stick. If this should occur, wash the area immediately with soap and water, then call Sterling Specialty Pharmacy or your family physician as soon as possible.
4. As a backup, if you do not have a “sharps” container available, you may use an empty laundry detergent bottle with a screw-on lid for disposal of your sharp items.
5. You may dispose of your red “sharps” container at your local fire department, your physician office, or your local health department.
6. Never throw a red “sharps” container into the regular trash.
7. Never dispose of sharp items in glass or a clear plastic container.
8. Never put sharp items in a container that can be recycled or returned to a store.

**WHAT IS A SPECIALTY PHARMACY?**

A specialty pharmacy provides injectable, oral, topical, and infused medications. These complex and costly medications usually require special storage and handling and may not be readily available at your local pharmacy. Sometimes, these medications have side effects that require monitoring by a trained pharmacist or nurse. Sterling Specialty Pharmacy focuses on providing these medications while offering excellent customer service and clinical support to you and your caregivers.

**HOW IMPORTANT IS IT TO TAKE ALL OF MY MEDICATIONS?**

Following your prescriber's instructions for both the amount of the medication you should take (e.g., 20ml once a day) and the length of time you should take it (e.g., every day for three months) is the best thing you can do to ensure a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to administer. Therefore, our pharmacists and nurses are available to offer practical advice about dealing with these issues or contacting your prescriber about the medical management of these side effects.

**HOW DO I ORDER A REFILL? WILL YOU AUTOMATICALLY SEND IT TO ME?**

Sterling Specialty Pharmacy will not automatically send you the medication. One week before your next refill, you will receive a text message with instructions for scheduling your delivery. At that time, we will confirm that you are still taking the medication, that your prescriber has not changed the dose, and that you are not having any unmanageable side effects.

**HOW LONG DOES IT TAKE TO RECEIVE MY MEDICATIONS?**

Medications are usually shipped with expedited delivery within twenty-four to forty-eight hours after we receive your complete prescription. Sterling Specialty Pharmacy will provide any additional supplies you need for administering your medications, such as needles, syringes, and alcohol swabs.

**WHAT SHOULD I DO IF MY ORDER IS DELAYED?**

A Sterling Specialty Pharmacy coordinator will make every attempt to contact you if there is any delay with your medication delivery. However, if your delivery does not arrive by the end of the expected day, please contact us at 888.618.4126. We can track the status of your delivery with a tracking number.

**WHAT HAPPENS IF THERE IS A MEDICATION RECALL?**

A Sterling Specialty Pharmacy representative will notify you and your doctor if there is a medication recall that affects any of your prescriptions.

**WHAT IF I HAVE QUESTIONS ABOUT MY MEDICATIONS?**

At Sterling Specialty Pharmacy, we have a team of pharmacists and nurses to answer your questions through the toll-free number 888.618.4126. We are available for you twenty-four hours a day, seven days a week. Please leave your contact information with our after-hours service, and the pharmacist on-call will promptly return your call.

## **IF I NEED CO-PAY ASSISTANCE, HOW DOES THIS WORK?**

Depending on the co-pay assistance organization, you may be required to pay for a portion of the co-pay. Also, many organizations have a maximum amount they will pay on your behalf per year. If your co-pays exceed this limit, you may be responsible for the remaining balance. Sterling Specialty Pharmacy will handle the billing for you. We will charge your insurance first, and then the co-pay assistance organization for your medication(s). The organization will pay the co-pay on your behalf. Please be aware: if you have been conditionally approved for co-pay assistance through the Chronic Disease Fund (CDF), The Assistance Fund (TAF), or the National Organization for Rare Disorders (NORD), you will be required to complete and return all paperwork and supporting documentation in a timely manner. Delays may put you at risk of losing your assistance.

## **WITH REGARD TO MY MEDICATIONS, WHAT PREPARATIONS DO I NEED TO BE AWARE OF WHILE TRAVELING?**

Make sure to carry your medication(s) with a copy of your prescription or the bottle/container with your prescription information on it. At least two weeks prior to your departure, take an inventory of your medication(s) at home. This should give you enough time to call and get another shipment delivered to your home if needed, as well as obtain any prescriptions from your doctor. If you expect to need an early fill before your trip, please call us at 888.618.4126 so we can determine if your insurance will provide a vacation override (some insurance companies do not allow this). Remember to pack your medication(s) in a secure and easy-to-reach area of your carry-on luggage only. In the event that your luggage is misplaced, you will still have your medication(s). If your medication requires refrigeration, place it into a plastic bag and then into an insulated container with an ice pack.

## **WHAT SHOULD I DO IF I AM UNABLE TO REACH STERLING SPECIALTY PHARMACY & RUNNING OUT OF MEDICATION?**

If at any time it is not possible for you to reach Sterling Specialty Pharmacy and you are running out or are out of medication, please contact your prescribing physician for immediate instructions. For your convenience, we've included emergency preparedness instructions in this packet to better prepare you in the event of an emergency. It is very important to plan what to do to prepare for an emergency. Planning ahead involves such things as:

1. Evacuation route
2. Emergency kit, including emergency phone numbers
3. Extra water/food and your medication(s)
4. Important documents
5. Care for pets, if applicable

Have a plan for your medication(s) that includes having a safe place to store your medication(s) appropriately. You can find more helpful information about emergency preparedness at [www.redcross.org](http://www.redcross.org).

In exchange for Sterling Specialty Pharmacy to (i) provide me with my medications and (ii) bill my insurance carrier or third-party payor that is obligated to pay for my medications, I agree to the following terms and conditions:

- 1. Authorization for Medical Treatment:** I authorize Sterling Specialty Pharmacy, under the direction of my physician, to provide my medications to me. I have been instructed by my physician about my prescribed medications; understand the reasons why they are considered necessary; and understand their risks, advantages, possible complications, and alternatives. I certify that no guarantee or promise, expressed or implied, has been made to me in conjunction with the medications that have been prescribed for me. I authorize Sterling Specialty Pharmacy to request and utilize any information from my medical record as may be necessary, solely for the purpose of completing a prior authorization or an appeal to my insurance company or state Medicaid plan in order for me to receive the medication my physician has prescribed.
- 2. Release of Information:** I understand that Sterling Specialty Pharmacy will use my protected health information (PHI) in accordance with the Notice of Privacy Practices that I have received under separate cover from Sterling Specialty Pharmacy. If I have not received a Notice of Privacy Practices, I agree to call 888.618.4126 to request another copy from Sterling Specialty Pharmacy.
- 3. Financial Responsibility:** I understand and agree that I am responsible for the payment of any and all sums that may become due for the medications provided to me by Sterling Specialty Pharmacy. If, for any reason and to whatever extent, Sterling Specialty Pharmacy does not receive payment from my insurer or the third-party payor that is obligated to pay for my medications, I do hereby agree to pay Sterling Specialty Pharmacy directly for the unpaid balance within 30 days of receipt of an invoice from Sterling Specialty Pharmacy, except in cases where such payment to Sterling Specialty Pharmacy is prohibited by applicable law. If my insurer and/or third-party payor that is obligated to pay for my medications issues payment directly to me, I agree to promptly endorse such payment to Sterling Specialty Pharmacy and forward it directly to Sterling Specialty Pharmacy on the day that I receive payment.
- 4. Unpaid Invoices:** I agree that any amounts I owe to Sterling Specialty Pharmacy for more than 30 calendar days shall bear interest from the due date of such invoice, at the lesser of, 1.5 percent per month or the maximum rate permitted by applicable law. I further agree to pay all costs and expenses of Sterling Specialty Pharmacy collection efforts, including reasonable attorney's fees and court costs that are incurred by Sterling Specialty Pharmacy to collect overdue amounts.

- 5. Return Medication Procedure:** All unused portions of any patient's discontinued prescription medication shall be immediately isolated. Non-controlled medications shall be destroyed or returned to the pharmacist or provider pharmacy supplying pharmaceutical services within 72 hours with the appropriate notation of disposition. The notation shall include the date, quantity, and name and strength of the medication. Medications for hospitalized patients must be isolated and may be held until the patient's return or permanent discharge. Destruction of a discontinued controlled patient medication and discharged or deceased patient's controlled medication shall be jointly performed by two authorized licensed personnel within 72 hours of the discontinuation of the medication or discharge of the patient. A record of the destruction must be signed by both parties and kept at the facility for two years.
- 6. Entire Agreement:** This agreement contains the entire agreement of the parties. No other representation, promise, or agreement, oral or otherwise, expressed or implied, not embodied herein, shall be of any force or effect. All amendments must be in writing and signed by both parties to have any effect. This Agreement shall be binding upon and insure to the benefit of the parties hereto and their respective successors, heirs, and assigns.

By receiving our services, you are acknowledging our Patient Service Agreement. The release of information and assignment of benefits will be effective until revoked by you. You can revoke this agreement at any time by emailing [support@sterlingspecialtyrx.com](mailto:support@sterlingspecialtyrx.com).

As part of the federal Health Insurance Portability and Accountability Act (HIPAA), this notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### OUR USES & DISCLOSURES

We need your consent before we disclose PHI for treatment, payment, and operations purposes, unless the disclosure is to a related entity or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency. We typically use or share your health information in the following ways:

- 1. Treatment:** We can use your health information and share it with other professionals who are treating you only if we have your consent. We can only release your health records to healthcare facilities and providers outside our network without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. We may also share your health information with a provider in our network.
- 2. Healthcare Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. We are required to obtain your consent before we release your health records to other providers for their own healthcare operations.
- 3. Payment:** We can use and share your health information to bill and get payment from health plans or other entities.

### OTHER REASONS WE MAY NEED TO DISCLOSE YOUR INFORMATION

These may include, but are not limited to:

#### 1. Public & Personal Safety

- Preventing disease
- Product recalls and adverse reaction reporting
- Suspected abuse, neglect, domestic violence, or prevent/reducing serious threat to anyone's health or safety
- Research—if you do not object

#### 2. Legal Requirements & National Circumstances

- Law enforcement
- Government regulations, including the Department of Health and Human Services through inspections and audits
- Legal proceedings, in response to court or administrative order or in response to subpoena

### 3. Miscellaneous

- Workers' compensation—we may need to reach out to your benefits coordinator or HR department to get information regarding your care for billing purposes
- Deceased persons—if family consents, we may need to be shared with coroner, medical examiner, or funeral director
- Inmate—in the event a person is held in custody by county or federal institutions, we may need to speak with their teams so care may continue

## YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information within a reasonable time. If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees.
2. You can ask us to correct health information about you that you think is incorrect or incomplete. Contact the privacy officer (below) to do this. We may say “no” to your request, but we will tell you why in writing within sixty days.
3. You can ask us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
4. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
5. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
6. You can ask for a list (“accounting”) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting each year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve months.
7. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
8. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
9. If you feel we have violated your rights, you can complain by contacting the privacy officer (below). You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 877.696.6775, visiting [www.sterlingspecialtyrx.com/infoprivacy](http://www.sterlingspecialtyrx.com/infoprivacy), or sending a letter to 200 Independence Ave SW, Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

## YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions. In these cases, you have both the right and choice to tell us NOT to:

1. Share information with your family, close friends, or others involved in your care
2. Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We do not share your information for the following purposes unless we have your written permission:

1. Marketing purposes
2. Sale of your information
3. Sharing of psychotherapy notes

We may contact you for fundraising efforts, but you can tell us not to contact you again.

## PATIENT RIGHTS & RESPONSIBILITIES

### Each Patient Has the Right To:

1. Be treated with dignity and respect without regard to race, color, creed, sexual/gender orientation, marital status, age, national or ethnic origin, diagnosis, or source of payment
2. Be provided with information regarding ownership, available services, insurance coverage, and other charges if applicable
3. Be informed about his/her illness and treatment, when and how services will be provided, the name and function of any person and agency providing care and service, and the name of the person responsible for coordination of care
4. Be informed in advance about any changes in the care or treatment as it pertains to his/her well-being
5. Make informed decisions about his/her care and actively participate in the planning of care
6. Be instructed in his/her therapy in order to reach the highest level of self-care and wellness
7. Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible
8. Participate in experimental treatment and research with voluntary, informed consent documented
9. Refuse treatment, within the confines of the law, after being fully informed of and understanding the consequences of such action
10. Confidentiality and privacy in treatment and care, including confidential treatment of patient records, and to refuse their release to any individual outside of Sterling Specialty Pharmacy, except in the case of transfer to another health facility or as required by law or third-party contract
11. Be informed of any financial benefit when referred to an organization
12. Voice complaint and grievance and be informed of procedures for registering complaints without reprisal, coercion, or unreasonable interruption of services

13. Receive prompt response to all reasonable interruptions of services
14. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
15. Be informed of provider service/care limitations

**Each Patient Is Responsible For:**

1. Providing accurate and complete information regarding his/her medical history
2. Agreeing to a schedule of services and reporting any cancellation of scheduled services
3. Participating in the development and updating of a plan of care
4. Communicating whether he/she clearly understands the course of treatment and plan of care
5. Following the plan of care and clinical condition
6. Reporting problems, unexpected changes in physical condition, hospitalizations, concerns, or complaints
7. Accepting responsibility for his/her actions if refusing treatment
8. Fulfilling financial obligations for services
9. Notifying Sterling Specialty Pharmacy of changes in address, telephone number, or insurance
10. Maintaining patient equipment provided to them by Sterling Specialty Pharmacy, if applicable

## **PATIENT CARE MANAGEMENT PROGRAMS**

Sterling Specialty Pharmacy patient care management programs are clinical programs that focus on adherence to medication therapy. The goal of each program is to increase the number of patients that will achieve the desired clinical result by improving patient compliance with the prescribed medication regimen.

Our patient care management programs have dedicated teams to work with each patient throughout the therapy management process. Sterling has created a model of care for patients with chronic and complex conditions. Our patient care teams are staffed by pharmacists, registered nurses, pharmacy technicians, patient care coordinators, and reimbursement specialists—each with therapy-specific training for a focused level of service. Our programs are customized to your individual needs. Our patient care management program covers the spectrum of care from proactive monitoring of therapy to counseling on effectively managing side effects.

For new prescriptions, our pharmacists offer counseling to each patient or caregiver by telephone to explain the medication, its storage requirements, adverse effects, precautions, dosing parameters, and instructions for use.

Our care team will contact you or your designated caregiver prior to each new and refilled shipment to arrange delivery, monitor therapy outcomes, and encourage therapy adherence.

We will also contact you throughout your therapy regimen to promote proper use of the medication and to help you manage any side effects you may experience.

## PATIENT CARE MANAGEMENT PROGRAM RIGHTS & RESPONSIBILITIES

### Each Patient Has the Right To:

1. Know about philosophy and characteristics of the patient care management program
2. Have personal health information shared with the patient care management program only in accordance with state and federal law
3. Identify the staff member of the program, their job title, and to speak with a supervisor of the staff member if requested
4. Speak to a health professional
5. Receive information about the patient care management program
6. Receive administrative information regarding changes in, or termination of, the patient care management program
7. Decline participation, revoke consent, or disenroll at any time

### Each Patient Is Responsible For:

1. Submitting any forms that are necessary to participate in the program, to the extent required by law
2. Providing accurate clinical and contact information and to notify the patient care management program of changes in this information
3. Notifying their treating provider of their participation in the patient care management program, if applicable
4. Maintaining patient equipment provided to them by Sterling Specialty Pharmacy, if applicable

## OUR RESPONSIBILITIES

The security of your information is a priority to Sterling Specialty Pharmacy.

1. We are required by law to maintain the privacy and security of your PHI.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. Must follow the duties and privacy practices described in this notice and give you a copy of it upon request.
4. We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying the privacy officer (below) in writing.

For more information, visit [www.sterlingspecialtyrx.com/hipaa](http://www.sterlingspecialtyrx.com/hipaa).

## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

## CONTACT INFORMATION

If you have any questions on our privacy practices or would like clarification on anything contained within this notice, please contact:

Sterling Specialty Pharmacy  
Attn: Tim Gallagher, Privacy Officer  
1312 Northland Drive, Suite 500  
Mendota Heights, MN 55120  
888.618.4126

Please sign and return this page via fax to 866.588.0371 or by email to [support@sterlingspecialtyrx.com](mailto:support@sterlingspecialtyrx.com).

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for Sterling Specialty Pharmacy and its affiliated entities.

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Patient Name (Print)

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Facility or Organization

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Signature (Patient, Parent, or Legal Representative)

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Date

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Name & Relationship to Patient (If Signed by Someone Other Than Patient)