Exact Care Pharmacy Request to Waive Signature Requirement for Medication Deliveries Name of Individual Date of Birth Address Telephone # Why signatures are required on some deliveries: Exact Care requires a signature when certain medications (high cost or controlled substances) are shipped or delivered to provide proof that the shipment was correctly delivered, and who received it. By requesting that this requirement be waived, you acknowledge that you are releasing Exact Care of all liability and responsibility for the shipment once it has been delivered by the carrier. Exact Care will have a delivery confirmation from the carrier that will serve as final proof that the delivery was made to you at the address provided. • Exact Care will not be responsible for refunding copays or replacing shipments that are lost once they have been delivered if the signature requirement is willingly waived. Please tell us why you are making this request: If the request is granted by the facility, the change will be made as quickly as possible, and will remain in place until you tell us to stop. If this request is temporary, please provide the following information: The date you would like the waiver to go into effect: The date you would like to waiver to end (if known): NOTE: Be advised that this form is only a request for a release of existing controlled substance or high cost signature requirements, and the facility is under no obligation to grant this request. Local laws may prevail. The facility will notify you at the address above whether the request has been granted. Date Signature of Individual/Legal Legal Representative's Authority (Relationship to Individual) Representative You may fax (216-503-0309) or mail the completed request to: **Exact Care Pharmacy** Todd Donnelly, RPh 8333 Rockside Rd Valley View, OH 44125-6126 Office Use Only - Please Do Not Write In This Space Initials Date Rec'd □ Acceptance Granted ☐ Acceptance Denied ■ Notice Mailed to Individual