

Waiver of Signature for Deliveries

You are receiving this letter because you asked to stop signing for deliveries.

We require signatures for certain medications. This is often due to the type of medication or the cost to replace it.

A signature at delivery helps protect you. When it is required, you are not responsible for paying to replace a lost package.

If you want to waive your signature at delivery, please fill out the enclosed form in full including name, date of birth, address, telephone number, reason for request, date, and signature.

Important Details

- If this request is temporary, please list the dates you want it to begin and end.
- By signing and returning the enclosed form, you agree to take on full personal and financial responsibility for the cost of replacing medications that do not reach you.
- **ONLY the patient or a legally appointed representative may sign the form.**

How to Return the Form

Email is the fastest way to send us the form. But here are all the ways you can return it:

- Email: privacy@exactcarepharmacy.com
- Fax: 855-355-3480
- Mail: ExactCare Pharmacy
Attn: Compliance Team
8333 Rockside Road
Valley View, OH 44125-6126

Other forms related to your privacy rights are on our website: <https://exactcare.info/patient-forms>

- Request to Access Records (get your records or have them sent to a third party)
- Request for Confidential Communications (alternate number/address for contact)
- Request for Amendment to PHI (request clinical records corrections)

Please call ExactCare with questions: 1-877-355-7225

Request to Waive Signature Requirement for Medication Deliveries

Name of Individual

Date of Birth

Address

Telephone #

Why signatures are required on some deliveries: ExactCare 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 ExactCare of all liability and responsibility for the shipment once it has been delivered by the carrier.
- ExactCare 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.
- ***ExactCare 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.

ONLY PATIENT MAY SIGN

Date

Signature of Individual/Legal Representative

Legal Representative's Authority (Relationship to Individual)

You may fax (216-503-0309) or mail the completed request to:

ExactCare 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