

TO BE FOLLOWED IMMEDIATELY WITH RESPECT TO ALL REQUESTS FOR PRESCRIPTION PROFILES.

Forms are located at the bottom of the page.

Prescription profiles requested by a pharmacy customer (the "requesting customer") for the requesting customer and/or minor children of or in the custody of the requesting customer may be provided, preferably by mail addressed to the requesting customer at the requesting customer's address reflected on the patient profile. If the requesting customer wishes to pick up the prescription profile in person, it may be given only to the requesting customer, subject to satisfactory verification of identity. The prescription profile may not be picked up by any other person except the requesting customer without the receipt of an Authorization to Release Prescription Profile (see below form) signed by the requesting customer and authorizing the release of the prescription profile to the person picking it up at the Pharmacy.

If a customer requests a prescription profile for a spouse or any other person, the prescription profile may **NOT** be provided without receipt of an Authorization to Release Prescription Profile (see below form) signed by the spouse or the other patient for whom the profile is requested. Upon receipt of the separate request, the prescription profile may be provided to that requesting customer as set forth in the first paragraph above.

AUTHORIZATION TO RELEASE PRESCRIPTION PROFILE
(PLEASE PRINT LEGIBLY)

I, _____, being over the age of 18 years old,
(Name of Customer)

residing at _____,
(Address of Customer)

do hereby authorize Giant Eagle, Inc. to provide a copy of my prescription profile on
record at this Giant Eagle Pharmacy, containing a summary of all of the prescriptions

filled at this pharmacy for me during the past two years, to _____,
(Name of Person Receiving Profile)

who is my _____.
(Relationship to Customer)

(Date)

(Signature of Customer)

(Signature of Pharmacist)

**[THIS FORM SHALL BE MAINTAINED AT THE PHARMACY UNTIL THIRTY-SIX
(36) MONTHS AFTER THE DATE OF THE SIGNATURE OF CUSTOMER ABOVE.]**

QUESTIONS AND ANSWERS CONCERNING PATIENT PROFILE REQUEST POLICY

Q. What should I do if the husband (or wife) comes to the counter and requests patient profiles for his or her entire family?

A. Verify the identity of the requesting spouse (visually, if you know the patient or through a driver's license or state issued form of identification). You may provide the requesting spouse with his or her profile, along with the profiles of his or her minor children via the mail (preferred method) or at the counter. You may not provide the patient profile of the other spouse to the requesting spouse. The other spouse must either:

1. telephone* you to request that his or her profile be prepared and mailed to his or her address ,or
2. come to the store and personally request and pick up the profile, or
3. fully complete and sign the attached Authorization Form and return it to you to permit the spouse's profile to be provided to his or her spouse.

*You must verify the identity of the person making a telephone request through address, telephone number and date of birth.

Q. What should I do if the husband (or wife) telephones the pharmacy and requests patient profiles for his or her entire family?

A. You must verify the identity of the requesting spouse through address, telephone number and date of birth. You may provide the requesting spouse with his or her profile, along with the profiles of his or her minor children via the mail (preferred method) or at the counter. You may not provide the patient profile of the other spouse to the requesting spouse. The other spouse must either:

1. telephone* you to request that his or her profile be prepared and mailed to his or her address ,or
2. come to the store and personally request and pick up the profile, or
- 3.. fully complete and sign the attached Authorization Form and return it to you to permit the spouse's profile to be provided to his or her spouse.

*You must verify the identity of the person making a telephone request through address, telephone number and date of birth.

Q. What should I do if a family member requests the patient profile for another member of his or her family? (example: son requests for father, brother requests for sister)

A. The patient must either request the patient profile by telephone to be mailed to his or her address or come to the store and personally request the profile (see verification process above) or fully complete and sign the attached Authorization Form and return it to you. Upon receipt of the Authorization Form, you may then mail the patient profile or give it to the family member named on the Authorization Form as being authorized to receive it .

Q. What should I do if the requesting customer is a caregiver for a homebound or incapacitated patient?

A. If possible, the patient should complete and sign the Authorization Form naming the caregiver to receive the Patient Profile. You may then mail the information to the caregiver. If the patient is able to request the Patient Profile over the telephone, please verify eligibility and mail the profile to the patient.

Q. What should I do if a parent requests a Patient Profile for an adult (over age 18) child?

A. You may not provide the Patient Profile to the parent unless the adult child has completed and signed the Authorization Form naming the parent as being authorized to receive the profile. The adult child may request his or her own Patient Profile pursuant to the procedures set forth above.

PLEASE NOTE: The procedures do not affect records request by lawyers, law firms or record request services. As you know, the patient must submit a signed consent in order for records to be provided or a Subpoena must be served upon your pharmacy.