



# What Is Humatrope® (somatropin) for injection DirectConnect (HDC)

**Patient Authorization Form**  
PO Box 220301, Charlotte, NC 28222  
Tel: 1-84HUMATROPE (844-862-8767)  
Fax: (800) 642-5442  
Email: patientauth@lashgroup.com

Your healthcare provider has talked with you about using Humatrope® (somatropin) for injection, an Eli Lilly and Company medicine. You may have some questions about this. Humatrope® DirectConnect (HDC) was created to help you have a good experience as you get started with and use Humatrope®.

HDC offers personalized support to patients, at no charge. HDC consists of people who work for Lilly, plus companies that Lilly has chosen to provide some services. For the rest of this form, “Lilly” and “we” or “us” will stand for Eli Lilly and Company, Lilly USA, LLC, their affiliates, agents, representatives, business partners, and service providers.

### HDC offers the following patient support to eligible patients:

- Support through the insurance reimbursement process
- Dedicated case managers to address issues and help avoid treatment interruptions or delays
- Interim medicine while you await insurance coverage
- Coordination with specialty pharmacy; arrange first shipment of Humatrope®
- In home injection training by an experienced nurse
- Copay support program

### How do I get started?

Please provide the below information.

### Contact Information

Please provide the following Patient Information:

▶ Patient First Name: \_\_\_\_\_ Patient Middle Initial: \_\_\_ Patient Last Name: \_\_\_\_\_  
Patient D.O.B. \_\_\_/\_\_\_/\_\_\_

Please provide the following Contact Information:  I am the patient’s Personal Representative or  I am the patient

**If you are the Personal Representative, please provide the following information.**

**If you are the patient, please provide your phone number and e-mail address in addition to the information provided above.**

Patient Personal Representative First Name: \_\_\_\_\_ Patient Personal Representative Last Name: \_\_\_\_\_  
Primary Phone Number for HDC to Reach You\*: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail Address: \_\_\_\_\_

▶ \*By providing my cell phone number and signing this form, I agree to receive automated [and/or prerecorded] calls and texts about the Humatrope DirectConnect program. I understand that no purchase is necessary to receive these calls or texts. By signing below, I agree and certify that I am 18 years of age.

I consent to my enrollment in the Humatrope DirectConnect program outlined on the back of this form (optional)

**By signing this form, I confirm I have read and agree to the Patient HIPAA Authorization on the back of this form.**

### Signature

▶ \_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

## Patient HIPAA Authorization

Before Humatrope® DirectConnect (HDC) can start helping you, Lilly may ask for some information about you and your health. If you are a parent or a Personal Representative, Lilly will ask for information about the person in your care. This is known as your Protected Health Information, or PHI. By checking the box on page 1 and signing this form, you understand and agree that your PHI may be shared and used as explained below.

### PHI includes information like:

- Your health insurance or benefits, including how much coverage you have
- All records about your treatment
- Anything that affects your health
- Whether you're staying on your medicine or treatment

### Your PHI is used in ways like these:

- To learn how much of your Lilly treatment is covered by your insurance
- To help you find other ways to afford your treatment
- To track your use of your Lilly treatment
- To share information with your healthcare provider
- To make sure that you receive high-quality services from the program but this will not affect information or disclosures shared or used before Lilly receives your request.
- To measure program performance and make program improvements
- Internal Lilly use of data to drive business decisions and metrics on hub performance
- Reports to our sales force regarding healthcare professional use of hub services
- Conversations/messages to your healthcare professional regarding trends and hub performance

### If you agree, your PHI may be shared by:

- Your doctors and other healthcare providers
- Your healthcare plan or health insurance company
- Your pharmacy
- Others who might have your PHI

### Other things you should know about sharing your PHI:

- We only ask for and share the PHI that we need to provide the benefits you want. We do not ask for any PHI that we do not need, but we may receive some in the health records sent to us.
- You don't have to give permission to share your PHI, but HDC may not be able to help you without it.
- After your PHI has been shared, it may no longer be covered by federal and state privacy laws (such as HIPAA), and it may be shared again.
- Your permission to share and use your PHI lasts for 1 year, unless you change your mind before then. You can stop allowing your PHI to be shared at any time.
- Your healthcare providers (such as pharmacies) may receive payment from Lilly in exchange for sharing your PHI and/or for using your information to provide you with therapy support and other services, such as to contact you with communications about Lilly products.

### If you change your mind about taking part in the program:

- You can stop sharing your PHI with us, or change what you share, by calling us at 1-84-HUMATROPE® (844-862-8767) or by sending a written notice to Humatrope® DirectConnect PO Box 220301, Charlotte, NC 28222
- We will follow your wishes after we hear from you.

### Humatrope® DirectConnect Patient Support Services (Optional)

HDC is a customized support program offered by Lilly for patients who qualify. As part of my participation, Lilly may use, disclose and/or transfer the personal information I supply to provide services related to my condition or the person's condition who is under my care and treatment to administer the program. Those services include contacting me by email, text, mail, or telephone to provide personalized service delivered by an HDC Representative including informational and marketing materials; respond to customer service requests and/or product questions; request feedback on my experience with the related products, services, and programs including market research; disclose my enrollment and use of these services to my healthcare providers and insurers; and analyze and/or measure program performance or future enhancements. We offer other activities related to your condition and therapy. They are not part of HDC. These activities include things like telling your story. By checking the corresponding box on the front/page 1 of this form, I consent to my enrollment in Humatrope® DirectConnect Patient Support Services as described in this consent.

