



Office Attestation Form

Amgen Access professionals assist patients with patient access issues, including by educating providers on the process of claims submissions, local and regional payer requirements, and coding issues. In particular, they are trained to serve patients by navigating individual patient access issues for Amgen products. As part of these activities, they will likely need access to such patients' medical information or Protected Health Information (PHI) as defined under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), including demographic information, medical history, health care plan benefits, and/or limits or restrictions on payments covered by the patient's health care plan policy (collectively, "Personal Data").

Amgen and its contractors and business partners respect patients and take seriously the obligation to protect their privacy. When in your facility, the Amgen Access professionals will follow your applicable patient privacy policies and procedures that you have established in compliance with HIPAA and applicable state privacy laws.

By signing below, you agree and represent that:

- Amgen Access professionals may review, discuss and use select Personal Data with physicians, nurses, physician assistants and staff for the office listed below for the purposes described above and related activities.
- The relevant patient HIPAA privacy authorization which you obtain and maintain from such patient allows Amgen to use their Personal Data including PHI for these purposes.
- You further agree that prior to sharing a patient's PHI with Amgen, you will have explained to the patient, and the patient will have indicated they understand and have also consented to the attached Privacy Notice.
- You further agree that, upon Amgen's request, you will provide to Amgen and its representatives copies of any record(s) evidencing your receipt of the consent described above.

Office: _____ Date: _____

Office Address: _____

Name: _____ Title: _____

Signature*: _____

* By signing, you acknowledge that you are signing on behalf of your office.

Amgen Privacy Practices for Patient Support Programs

Dear Patient:

Amgen Inc. and Amgen USA Inc. (collectively “Amgen”) is the manufacturer of one or more medications that your doctor has prescribed to you. Amgen is committed to respecting your privacy. This Privacy Notice describes Amgen’s privacy practices relating to Amgen patient support programs.

To help address individual patient access issues you may encounter while using Amgen products, Amgen access professionals will answer questions and educate your doctor’s office with issues related to claims submissions and local and regional payer requirements and related issues. As part of these activities, it is **necessary** for Amgen to have access to some of your medical information in your doctor’s records, including demographic information, medical history, health care plan benefits, and/or limits or restrictions on payments covered by your health care plan policy (collectively, “Personal Data”).

To achieve these purposes, Amgen will also need to disclose your Personal Data to its data processors, contractors, and business partners.

Please let your doctor’s office know whether you consent to these uses and disclosures.

If you change your mind in the future, you may withdraw your consent by contacting Amgen at +1-800-867-6677 or visiting www.amgen.com/DataSubjectRights. Please note that, if you do not agree to, or withdraw consent for, these uses and disclosures, you will not be able to receive Amgen access assistance for Amgen products. Your choice of whether to receive the Amgen access assistance does not affect your use or prescription of the Amgen products.

For more details about Amgen’s privacy practices, please visit www.amgen.com/privacy.