

# Enroll now for your Dedicated Nurse Navigator

*A Nurse Navigator serves as a partner throughout your treatment journey*



**E-mail to:**

mynurse@janssennurse.com



**Fax to:**

800-870-6237



**Mail to:**

Nurse Navigators from Janssen CarePath  
500 Atrium Drive, 3rd Floor  
Somerset, NJ 08873

## Patient Information \*Required field.

Mr  Mrs  Ms  Miss

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\*Phone (\_\_\_\_) \_\_\_\_\_  Mobile  Home  Office  Other Secondary Phone (\_\_\_\_) \_\_\_\_\_

Okay to leave message?  Yes  No Okay to text?  Yes  No

\*E-mail Address \_\_\_\_\_ \*Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I authorize the following individual to act as my personal  
representative in this program

Relationship to you

\_\_\_\_\_

E-mail Address \_\_\_\_\_

\*Phone (\_\_\_\_) \_\_\_\_\_  Mobile  Home  Office  Other Secondary Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
\*Patient Authorization Signature

\_\_\_\_\_  
Date

## Physician Information

Doctor  Nurse Practitioner  Physician Assistant

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

# Patient Authorization

My signature on the Nurse Navigator Enrollment Form confirms I authorize each of my physicians and Specialty Pharmacies (“healthcare providers”) to disclose my protected health information, including information related to my medical condition, treatment, and prescriptions, to Janssen Biotech, Inc., its affiliated companies, agents, and representatives, including other service providers supporting Janssen access programs for healthcare providers and patients (STELARA<sup>®</sup> and Nurse Navigators from Janssen CarePath, together “Janssen Biotech”) for the purposes described below.

Specifically, I authorize Janssen Biotech to receive, use, and disclose my protected health information in order to (i) enroll me in and contact me about Nurse Navigators from Janssen CarePath; (ii) provide me with educational materials, information, and services related to Nurse Navigators from Janssen CarePath; (iii) speak and otherwise communicate on my behalf with my insurers and specialty pharmacies regarding my use and receipt of STELARA<sup>®</sup> and, (iv) assist in understanding adherence to STELARA<sup>®</sup>. I also understand that information regarding my participation in Nurse Navigators from Janssen CarePath will be shared with my prescribing physician. Furthermore, I understand that my protected health information will not be used or disclosed by Janssen Biotech for any other purpose unless permitted by law or unless information that specifically identifies me is removed. I understand that Janssen Biotech will make every effort to keep my information private. If my information is accidentally shared, federal privacy laws do not require that the person/party receiving it not disclose the information further. Information disclosed under these circumstances and provided to a third party may no longer be protected by federal privacy laws. For additional information on how Janssen Biotech collects, uses, and discloses personal information visit <http://janssen.com/privacy-policy>.

I understand that I am not required to sign the Nurse Navigator Enrollment Form. My choice about whether to sign will not change the way my healthcare providers treat me. If I do not sign the Nurse Navigator Enrollment Form, or revoke my authorization later, I understand that this means I will not be able to participate in Nurse Navigators from Janssen CarePath.

This authorization will last until I am no longer participating in Nurse Navigators from Janssen CarePath. I understand that I may cancel this authorization at any time by mailing a letter requesting such cancellation to:

Nurse Navigators from Janssen CarePath  
500 Atrium Drive, 3rd Floor  
Somerset, NJ 08873

I can also revoke my authorization by informing my healthcare providers in writing that I do not want them to share any information with Janssen Biotech, but this will not affect Janssen Biotech’s ability to use and disclose protected health information that it has received prior to its receipt of notification that I wish to discontinue my participation in the program. My authorization will also end if Nurse Navigators from Janssen CarePath is discontinued. Furthermore, I understand that I have the right to see or copy the protected health information my healthcare providers have given to Janssen Biotech.