



SPECIALTY PHARMACY & HOME INFUSION  
operated by WVU Hospitals

**West Virginia University Hospitals Inc. d/b/a WVUH Specialty Pharmacy & Home Infusion**

**Patient Signature Waiver for Medication Deliveries/Shipping**

Thank you for choosing West Virginia University Hospitals, d/b/a WVUH Specialty Pharmacy & Home Infusion (“WVUH SP&HI”) for your medication needs! Our goal is to provide those medications you require in the most effective and efficient manner. To that end, WVUH SP&HI will deliver your medications to the designated address listed below. In order that you not be inconvenienced, we will, if you so elect, leave your medications at the designated address (excluding P.O. Boxes and mailboxes) without requiring your signature.

If you elect to waive the signature requirement, you must complete this form and return it to WVUH SP&HI to indicate that you want to receive shipments from WVUH SP&HI without a signature at the time of delivery. By signing this form to waive the WVUH SP&HI signature requirement, you agree to the following terms:

- You will designate the physical address where WVUH SP&HI is to deliver your medications below. You may also designate a specific location at the designated address below, but you cannot designate a mailbox or a post office box. Your designated address may be changed at any time by delivering a written notice to WVUH SP&HI.
- WVUH SP&HI will choose the carrier for delivery, e.g., U.S. Postal Service, UPS, Fed-Ex or a WVUH SP&HI delivery vehicle, etc., and WVUH SP&HI's selected carrier will leave your medications at the designated address.
- So long as the medication is delivered to the designated address, WVUH SP&HI will not be liable for any theft of the products or product loss due to temperature expiration, and you hereby release WVUH SP&HI from any and all liability for any damages or injuries you may suffer arising from the loss of such medication or from your failure to receive the products.
- This waiver will not apply to any medications which cannot lawfully be delivered without signature.

**I UNDERSTAND THAT BY EXECUTING THIS WAIVER FORM, I AGREE THAT MY SIGNATURE WILL NOT BE REQUIRED BY WVUH SP&HI FOR DELIVERIES OF MY MEDICATIONS, AND I AGREE TO ABIDE BY THE TERMS SET FORTH ABOVE.**

**Patient or Guardian's Signature:** \_\_\_\_\_

**Patient Name (Printed):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Guardian's Relationship to Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Designated Delivery Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Specific Location at Designated Delivery Address:** \_\_\_\_\_

**Additional Info Needed if Delivery Address Number not Visible, ex: Building color,**

**Building type, etc. :** \_\_\_\_\_