Patient Medication Shipment & Storage Agreement

1. I understand that I am responsible for arranging shipment of my medication to Health Services.

2. I understand that Health Services will not open the shipment to verify contents.

3. I understand that Health Services does not prescribe my medication and is not responsible for maintaining the supply of my medication. I am responsible for all communication with the supplier of my medication and any refills needed.

4. I understand that I am responsible for changing the shipment address if the shipment coincides with a holiday or semester break or if I wish to continue my treatment at home.

5. I understand that shipments can only be received and made available for patient pick-up during normal business hours.

6. I understand that Health Services will attempt to contact me up to 2 times by phone/email when a shipment arrives. I will pick up my package within 30 days of being notified of its arrival. I understand that the package will be shipped back to the supplier if I do not respond to the calls or do not pick up the package within 30 days of being notified.

7. I understand that if I discontinue my treatment, it is my responsibility to inform the supplier.

I, (Print Name) _____, have read the above patient agreement and understand that this is a protocol of Millersville University Health Services, and that I must abide by the above noted procedures. I understand that failure to follow this procedure will result in my not being able to have my medications shipped to and/or stored at Health Services. I, and for myself, heirs, and assigns release, forever discharge, and hold Millersville University, and agents harmless from any and all liability arising from the services provided herein including, but not limited to, loss of medication due to an electrical outage, refrigeration failure or other catastrophic event.

I understand that storage of my medications is a courtesy service that Health Services offers.

Signature: _____Date: _____

Date of Birth: _____MU ID#: _____

Medication to be stored: _____