Janssen CarePath

Guide to Electronic Patient Authorization

Once you and your healthcare provider have decided that a Janssen medication is right for you, Janssen CarePath will help you find the resources you may need to get started and stay on track.

In order to receive Janssen PAH patient support services from Janssen CarePath, you must read, sign, and submit the Patient Authorization Form. A convenient way to provide Patient Authorization online is through **PAHconsent.com**.

Get started

Call a Janssen CarePath Care Coordinator
at 866-228-3546, Monday–Friday, 8:00 AM–8:00 PM ET. You can request a unique, pre-verified link to **PAHconsent.com**

OR

Visit PAHconsent.com
Steps for completing on your own are outlined on the following pages

What is PAHconsent.com?

PAHconsent.com is an eHIPAA.com-powered portal that enables you to complete, sign, and submit a digital version of the Janssen Patient Support Program Patient Authorization Form. A completed Patient Authorization Form allows the exchange of Personal Health Information with Janssen CarePath in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

See step-by-step instructions on the following pages.

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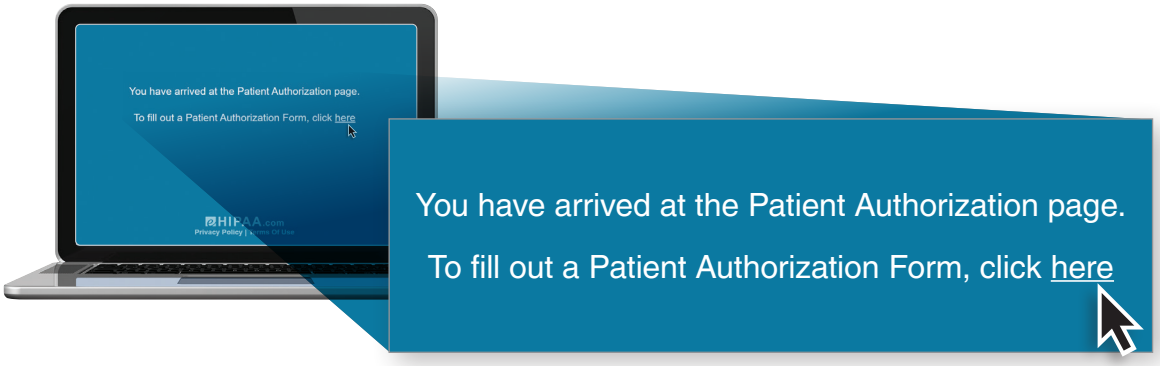
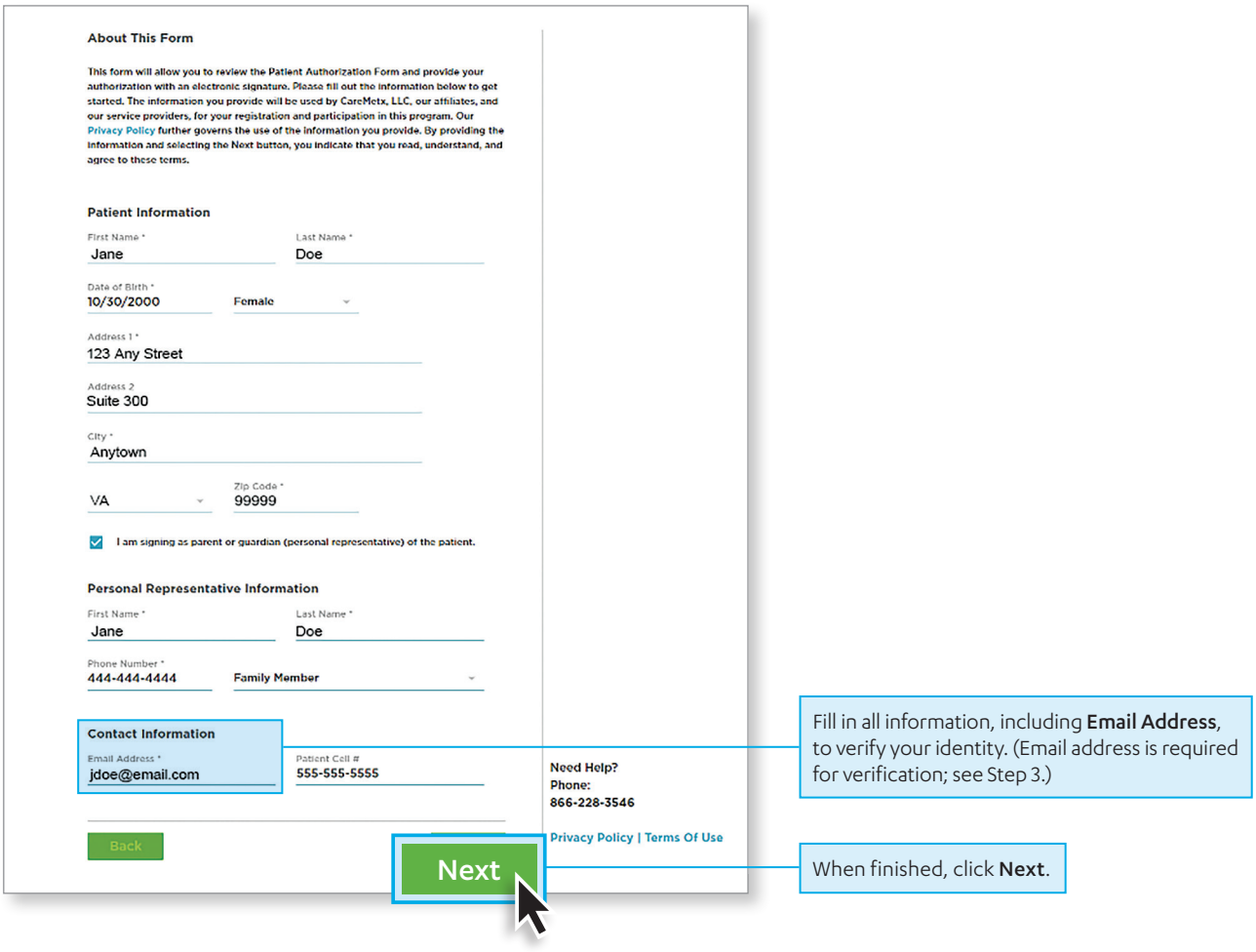
Follow these steps to electronically sign the Patient Authorization from a smartphone, tablet, or computer:

STEP 1 Visit PAHconsent.com

Click "here" to begin the process of filling out the **Patient Authorization Form**.



STEP 2 Complete the Form



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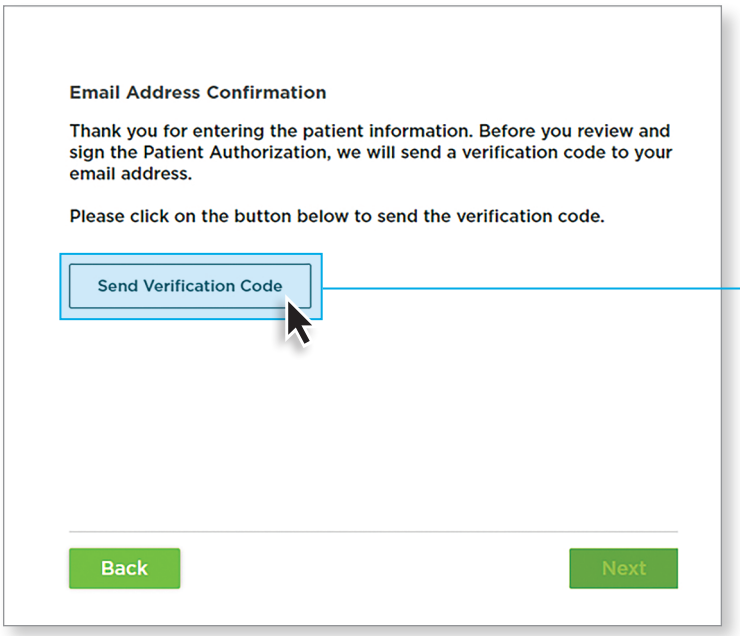
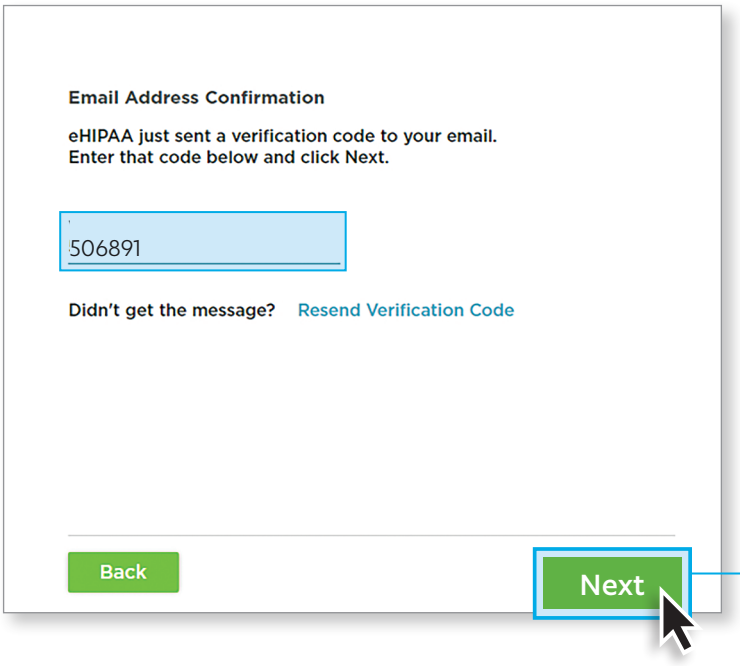
STEP 3 Email Address Confirmation

Note: If you are completing the form using the pre-verified link sent to you by email from Janssen CarePath, you will not need to complete this step.



Click the button to **Send Verification Code**. You will receive a unique code at the email address provided in Step 2.



Enter the 6-digit **Verification Code** sent via email and click **Next** to view and sign the Patient Authorization Form.

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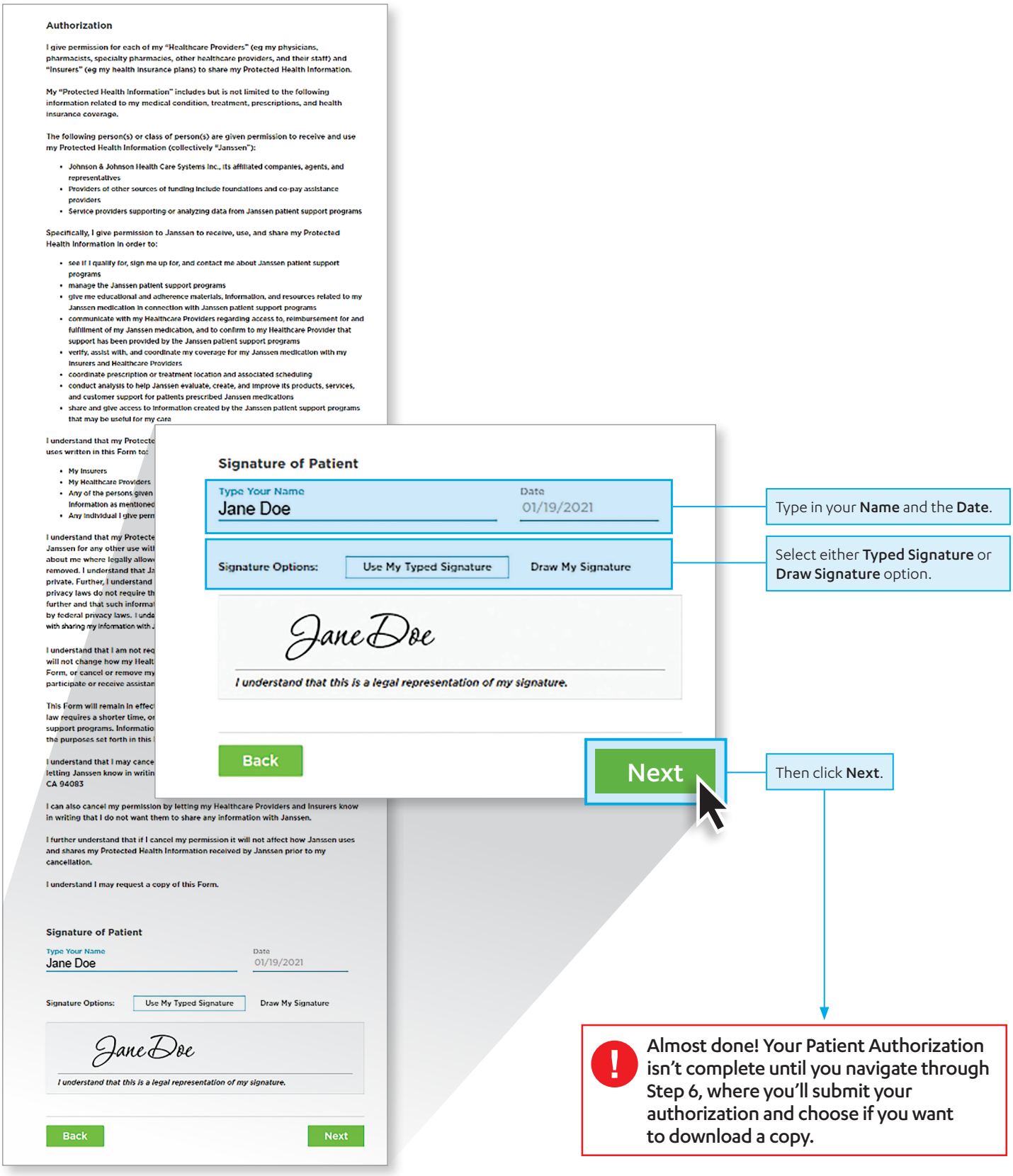
STEP 4 Review Authorization and Select Electronic Signature Type

Read the **Authorization** statement.



Type in your **Name** and the **Date**.

Select either **Typed Signature** or **Draw Signature** option.

Then click **Next**.

! Almost done! Your Patient Authorization isn't complete until you navigate through Step 6, where you'll submit your authorization and choose if you want to download a copy.

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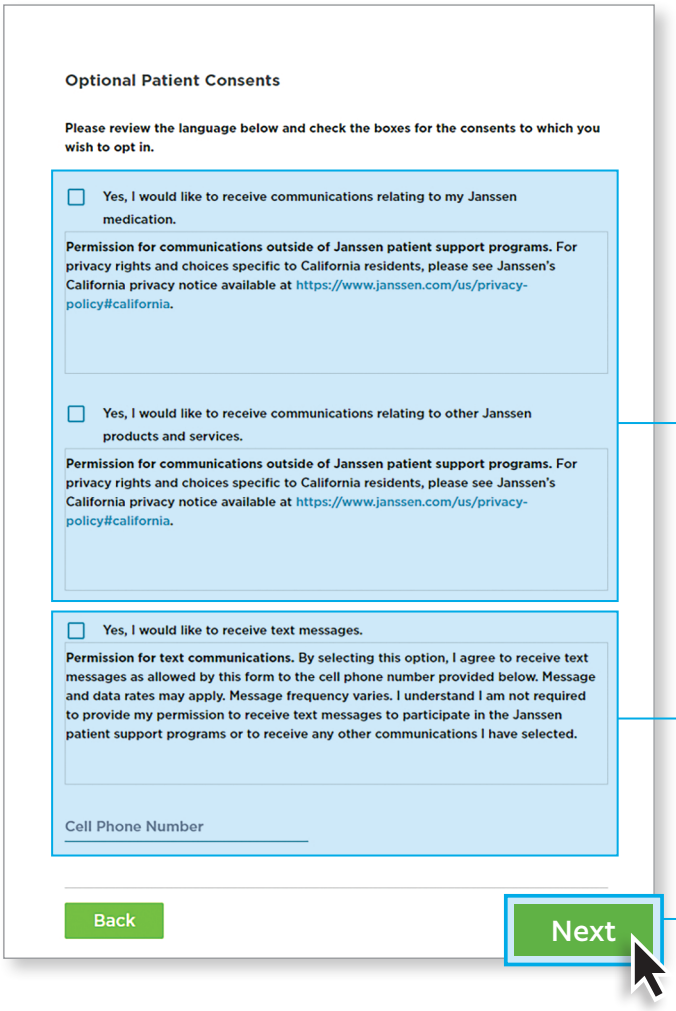
STEP 5 Optional Patient Consents to Consider



(Optional) You may find it helpful to receive additional resources from Janssen:

- Checking the first box authorizes Janssen to send you information and updates relating to your prescribed Janssen medication
- Checking the second box authorizes Janssen to send communications relating to other Janssen products and services including other Janssen PAH products and services

You may call Janssen CarePath at any time with questions or to opt out of the communications described.

(Optional) To receive support, reminder, and educational text messages from Janssen CarePath, check the box and provide your cell phone number.

For example, checking this box allows Janssen patient support teams to let you know they'll be contacting you by phone, so you will know to expect their call.

Click **Next** to proceed to the final step.

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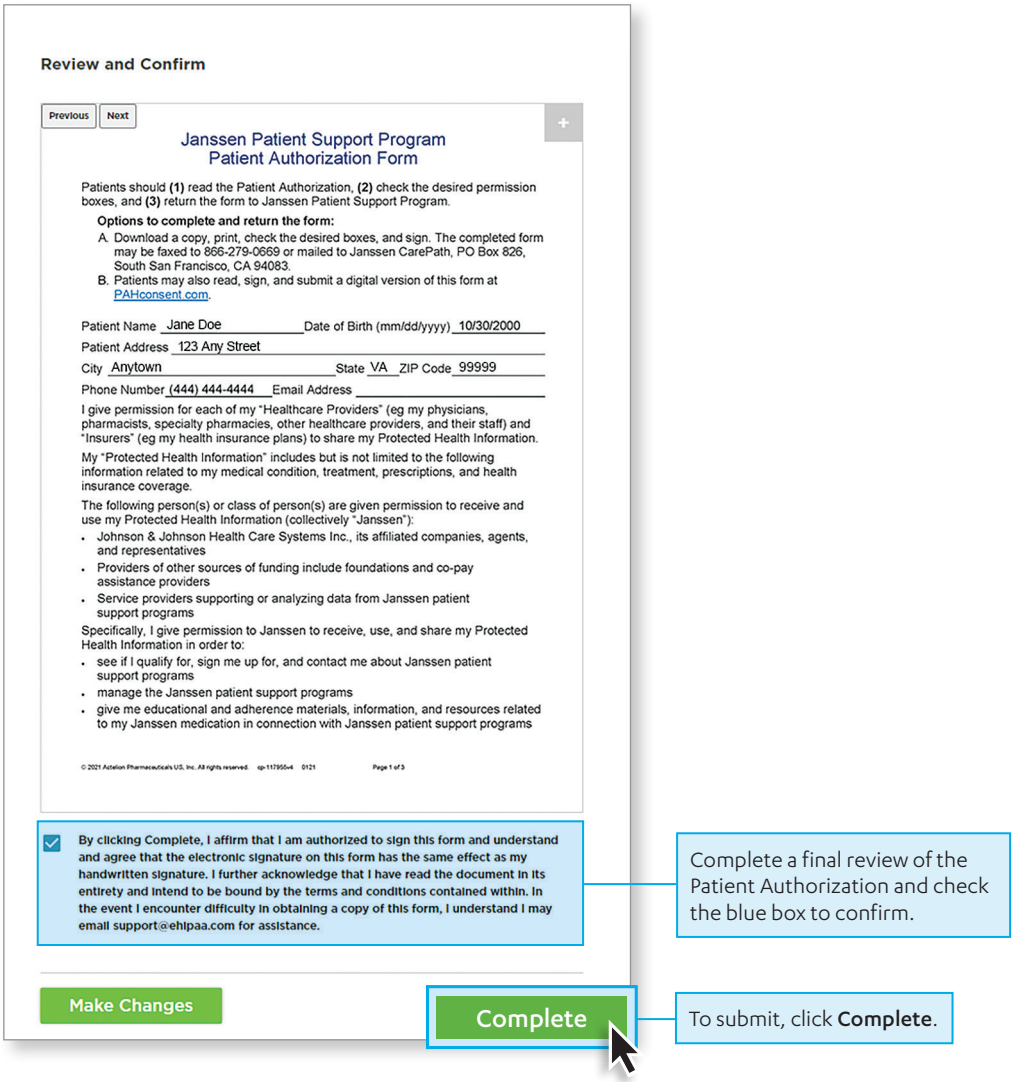
STEP 6 Final Review and Confirmation



That's it! No further action is required.

You can save or email a copy of the completed form for your records.

Need help? Call **866-228-3546**
Monday–Friday, 8:00 AM–8:00 PM ET
Multilingual phone support available

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