



Help Factor Ape celebrate his 10th birthday!

Factor Ape is turning 10 in November and you're invited to celebrate. To prepare for his birthday bash at the National Hemophilia Foundation Annual Meeting, Factor Ape wants to create lots of memories with his friends.

Take Factor Ape on an exciting summer journey by spending some quality time with him outdoors. Take lots of pictures and mail your favorite one back to Factor Ape so he can make a birthday photo album in time for his party at the meeting.

Activities

Summer is a time to play outside and have a ton of fun! Just remember to play it safe. Always wear your safety gear when doing something active. Here are some ideas of what you and Factor Ape can do together:

- Ride bikes
- Hike in your local forest preserve
- Show your neighborhood playground
- Fly a kite at a nearby park
- Go swimming (just don't get Factor Ape wet)
- Play with your Little League Baseball or Softball team
- And much more!

Prizes

The top three submissions can win these prizes:

- Grand prize: Nike + iPod Touch
- Second prize: Nintendo Wii gaming system with Wii Sports
- Third prize: Nintendo DSI



Contest rules

Sounds awesome, right? So, here is what you need to do:

1. Print out Factor Ape

2. Color Factor Ape: Decorate Factor Ape's outfit and birthday hat in any way you like. Use your imagination!

3. Cut out Factor Ape: Be careful.

4. Go have fun outside: Go on your summer adventure with Factor Ape and a camera. Ask your parents or an older sibling to take pictures of you playing with Factor Ape. He'll want a picture with you for his birthday album.

5. Print your favorite picture: Go with your parents to your local Walgreens store and print out the picture you want to send.

6. Sign your photo: On the back of the photo, write your name, age, address and a description of the fun, safe activity you had with Factor Ape.

7. Mail your photo and entry forms: Print out the Authorization and General Release forms and then have your parents read, sign and mail the forms with your photo.

Contest deadline: Oct. 1, 2010.

Make sure your submission is postmarked on or before Friday, Oct. 1.

This gives you plenty of time to play with Factor Ape, and gives Factor Ape enough time to pick the winners before the National Hemophilia Foundation Annual Meeting.

Mail your submissions to:

**Flat Factor Ape Contest
1411 Lake Cook Road
MS L220
Deerfield, IL 60015**

Send comments or questions to: IVRT@walgreens.com



Walgreens

Example photos

Here is Factor Ape with a couple of his friends!





Authorization for release of information to third party

PLEASE FILL OUT SECTIONS 1 & 7 ONLY

This Authorization is for use, pursuant to the HIPAA privacy rules, if you are authorizing the release of medical/health information to a third party, such as a housing authority, insurance company, or law office. You understand these records may contain information created by other persons or entities, including physicians and other health care providers as well as information regarding the use of drug and alcohol treatment services, HIV/AIDS treatment, mental health services (excluding psychotherapy notes), reproductive health services, and treatment for sexually transmitted diseases.

Section 1: Patient information

Patient Name: _____
Date of Birth: _____
Street Address: _____
City, State, ZIP: _____
Telephone Number: _____ Email Address: _____

List the location where you obtain most of your prescriptions:

Section 2: Person/organization authorized to receive information from Walgreens

Company Name: _____
Department: _____
Address: _____
City, State, ZIP: _____
Telephone Number: (_____) _____ Email Address: _____

Relationship: Spouse Parent Child Caregiver Other (list):

Section 3: Describe or list the information that you are asking us to release

Medical, prescription, and diagnostic history/information relating to services received from Walgreens pharmacies and other facilities.

Section 4: List the specific purpose for requesting this information

To gather information during interviews that will be used to produce patient testimonials (print, video, and/or audio) for Bleeding Disorders Programs to be distributed to an audience consisting of healthcare professionals, patients and caregivers to communicate the importance and impact of services provided received.

Section 5: Expiration Date (see instructions)

This authorization expires [specify date or event]:

For Maryland residents only: This Authorization will expire one year from the date listed below in Section 7.



Authorization, cont'd.

Section 6: Information regarding this Authorization

- You have the right to revoke this Authorization, in writing to Walgreens Privacy Office, at any time. The revocation is only effective after it is received and logged by Walgreens. Any use or disclosure made prior to a revocation is not included as part of the revocation.
- Refer to our Notice of Privacy Practices for permitted uses and disclosures of protected health information ("PHI"). You may obtain a copy of this Notice from the Privacy Office or on www.walgreens.com. Please keep a copy of this authorization for your records.
- Once PHI is disclosed to others, it may be redisclosed by them to persons or entities that are not subject to the privacy regulations, which means that the PHI may no longer be protected by regulations.
- Privacy regulations prohibit the conditioning of treatment, payment, enrollment, or eligibility for benefits on signing this Authorization.
- This Authorization must be signed and dated by the patient or signed and dated by the patient's personal representative to include a description of that person's ability to act on behalf of the patient.

Section 7: Signature

I, _____, by signing below, authorize Walgreens to use or disclose of my protected health information as described above.

Signature _____ Date _____

Section 8: If this Authorization is signed by the patient's personal representative, please explain your authority to act (see instructions for additional information that may be required)

AUTHORIZATION INSTRUCTIONS

The authorization form must be completed and signed in order for the authorization to be valid as defined by the HIPAA privacy rules (45 CFR Parts 160 and 164).

Section 1: This section contains your information. This means that it is your information that would be released in accordance with your authorization.

Section 2: Provide the information of the person who you are authorizing to receive your protected health information ("PHI"). Please note that this may not always be a company. It may also be a specific person or class of persons. For example, your spouse, a specific family member, pharmacy, etc.

Section 3: This section requires that you list the information that you are authorizing Walgreens to release. This section must be specific enough for Walgreens to understand the nature of your authorization.

Section 4: The purpose for requesting the information should be provided. For example, "maintenance/management of family health care," etc.

Section 5: The authorization must include an expiration date or event. An authorization may expire upon a certain event or on a specific date. The expiration date or event must either be a specific date (e.g., January 1, 2001), a specific time period (e.g., one year from the date of signature), or an event directly relevant to the individual or the purpose of the use or disclosure. The authorization cannot contain an indeterminate expiration date. For example, "when I revoke it," "never," or leaving the line blank.

Section 6: This section includes information regarding the authorization that you should read.

Section 7: Must be signed and dated.

Section 8: If you are signing the authorization as the legal representative of the individual listed in Section 1, and are other than the parent of the minor child whose information you are authorizing Walgreens to release, you must also submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.



Release form

Date: _____

I hereby authorize and consent to the unlimited reproduction, broadcast, exhibition, use and/or distribution by Walgreen Co. ("Walgreens") of the interviews, photograph(s), or videos of myself and/or my recorded voice (collectively referred to as the "likeness") in print, electronic and any other media.

I understand that the information obtained during interviews will be used to produce patient testimonials for Walgreens to be geared to an audience consisting of healthcare professionals, patients and caregivers.

Project: WAG USE ONLY

Description: WAG USE ONLY

My consent also allows Walgreens to make such changes as it deems desirable to the likeness, to use all or any part of the original or the modified form of the likeness, and to use the likeness alone or in conjunction with other video, photographs, recordings, text matter and any other material. I understand that I will be provided with a prepared script based on the information I have provide and will be able to review it for accuracy.

I hereby assign all rights in and to such material, including all copyrights therein, to Walgreens and irrevocably release Walgreens, its assigns and their employees and agents from any and all claims or demands arising out of such use of the likeness.

I understand that signing this release in no way creates a contract of employment with Walgreens at any time.

I hereby certify and covenant that I am twenty-one years of age or over.

Name: _____

Address: _____

Phone: _____

Signature: _____

Witness: _____