

SHAW'S SUPERMARKETS / STAR MARKET

STATEMENT OF DISAGREEMENT

With Denial of Request for Amendment of Pharmacy Record(s)

Patient Name: _____

Street Address: _____

City/State/Zip: _____

Telephone #: _____

Date of Denial: _____

If you disagree with all or part of Shaw's Supermarkets / Star Market's decision to deny your request to amend your pharmacy record, please submit your statement of disagreement on this form and return it to: Director of Pharmacy, Shaw's Supermarkets / Star Market, P.O. Box 600, East Bridgewater, MA 02333.

If you submit a statement of disagreement, we will append or otherwise link your request for an amendment, Shaw's Supermarkets / Star Market's denial of the request, your statement of disagreement, and Shaw's Supermarkets / Star Market's rebuttal, if any, to your pharmacy record with any future disclosures relating to the subject of the amendment.

Whether or not you wish submit a statement of disagreement, you may use this form to request that Shaw's Supermarkets / Star Market append or otherwise link your request for an amendment and Shaw's Supermarkets / Star Market's denial of the request to your pharmacy record with any future disclosures relating to the subject of the amendment. If you wish to make such request, please initial here. _____

Signature: _____

Date: _____