

# MYLAN-Fingolimod Patient Care Program - Enrollment and Consent Form

Phone: 1-888-223-0038 Fax: 1-844-751-9982

## Section 1. Patient Details

First Name:		Last name:	
Address:		City:	Province: Postal Code:
E-mail:		Mobile Phone:	Other Phone:
Date of birth: (YYYY / MM / DD)	<input type="radio"/> Male <input type="radio"/> Female		
Reimbursement: (Select all that apply) <input type="radio"/> Private <input type="radio"/> Public:	Plan Contract No.:	Plan Member Certificate No./Client ID:	
1.			
2.			
3.			
Health Card Number (if applicable):			
Preferred methods of communication (check all that apply): <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Text			
If unavailable, can the program leave a message? <input type="radio"/> Yes <input type="radio"/> No			
Best time of the day to contact <input type="radio"/> Morning <input type="radio"/> Afternoon <input type="radio"/> Evening <input type="radio"/> No preference			

## Section 2. Prescriber Details

First Name:		Last Name:	
Address:		City:	Province: Postal Code:
Office Name:	Office Email:	Office Phone:	Office Fax:

## Section 3. Pharmacy Details

Pharmacy Name:		Pharmacist Name:	
Address:		City:	Province: Postal Code:
Pharmacy Phone #:		Pharmacy Fax #:	

## Section 4. Patient Consent

By signing below, I wish to participate in the program as described and informed by my Health Care Professional and I have read and fully understand the Patient Consent terms on the reverse of this form.

Signature of Patient:	Date signed:
<input type="checkbox"/> Verbal consent obtained for the Mylan-Fingolimod Patient Care Program from the patient identified above.	
Signature of HCP:	Date signed:

Please fax completed form to 1-844-751-9982

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## **PATIENT CONSENT:**

The Mylan-Fingolimod Patient Care Program ("the Program") is a Mylan Pharmaceuticals ULC. ("Mylan") program with the objective of providing reimbursement navigation and treatment support for patients requiring Mylan-Fingolimod. At Mylan we are committed to respecting your privacy rights. It's important for you to understand how the information you share as part of this Program will be used.

Generally stated, by Personal Information we mean any information about an identifiable natural person, including, but not limited to, name, address and telephone number ("Personal Information"). In compliance with applicable laws and regulations, Mylan has mandated the third party supplier ("the 3rd Party Supplier") to manage the collection and processing of the Program's Personal Information. Except for Mylan's legal requirements and duties detailed herein, Mylan will not have access to any of your Personal Information, but for aggregated and unidentifiable information.

By accepting to participate in the Program, you accept to provide the 3rd Party Supplier and your health care professional with your Personal Information (such as your name, address, phone number, gender, insurance and information related to your health). This information will be collected in the Program's documentation and database; it will be used to enable registration in the Program and to meet its objectives. In relation to the Program's objectives, your Personal Information may be disclosed to:

- your health care professional for purposes of registration in the Program and related treatment,
- insurance providers and government agencies for the purpose of processing reimbursement requests,
- health care professionals for purposes related to your treatment (the "Purposes").

The file containing your Personal Information will be made available to the authorized employees, contractors or agents of 3rd Party Supplier who need to access the information in connection with the Purposes. We have contractually ensured that the 3rd Party Supplier provides a high level of Personal Information protection and is responsible for the security of the Personal Information. It is not authorized to collect, use or disclose the Personal Information except as necessary to perform services in relation to the Program's Purposes as described herein, or to comply with legal requirements. The Personal Information will be held primarily in a secure electronic database.

Your Personal Information will be shared with Mylan in the following manner: Mylan will receive reports from the 3rd Party Supplier describing the Program data and results only in an aggregated and anonymous manner. No Personal Information will be shared, disclosed or transferred to Mylan, more specifically, the statistical data related to the Program will be rendered in an aggregated and anonymous manner and shared with Mylan, health care practitioners, and other third parties, as the case may be. Mylan may distribute and/or publish such statistical data in any manner whatsoever. Mylan reserves the right to transfer any Personal Information related to the Program in connection with the sale or transfer of all or a portion of its business or assets or rights relating thereto. Should such a sale or transfer occur, we will request that the transferee use and disclose Personal Information you have provided through this Program in a manner that is consistent with the Purposes disclosed herein.

You consent to be contacted by the Program via phone, text or email and to the transfer of Personal Information by phone, fax or email between the Program, your insurer, and your health care provider(s) for the purpose of determining your eligibility for the Program and the delivery of Program services. Email and text may be used during the course of your participation in the Program to inform you about your status in the Program, provide Program services, and to provide notifications and reminders. You acknowledge that neither email nor text are secure methods of communication. Information in emails and texts has the potential to be accessed and read by a third party. Electronic communication is at your option and you may withdraw this option to communicate electronically at any time.

If you provide information about an adverse experience while using any Mylan product, we may use the information you provided to submit reports to Health Canada and/or other relevant regulators. We may be required to contact you and/or your health care professional for further information. You understand that in order to comply with the law, we may not be permitted to meet your request to amend or remove Personal Information you provided to us or a third party regarding an adverse experience while using any Mylan product. The process of adverse experiences may include and/or managed by Mylan affiliates or third-party service providers retained specifically for this sole purpose. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties.

The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of residence that may not have equivalent laws and rules regarding Personal Information. The reasonable contractual measures we may take to protect Personal Information while processed or handled by these third parties are subject to applicable foreign legal requirements, for example lawful requirements to disclose Personal Information to government authorities in those countries. The 3rd Party Supplier will only retain Personal Information as long as needed to fulfill the Purposes.

You have certain rights to access and rectify your Personal Information contained in your file in order to exercise this right, or if you have any questions, comments or concerns, you may use the contact information provided below. If the Personal Information collected is incorrect, inaccurate or outdated, the 3rd Party Supplier will correct such Personal Information within a reasonable period of time. Mylan hereby agrees to respect and observe the provisions set forth in the applicable federal or provincial privacy legislation. To the extent there is additional protection afforded to you pursuant to any applicable privacy legislation, and same is not set forth herein, Mylan agrees to take such measures to give full effect to such additional protection.

If you have any questions, comments or concerns about our privacy practices or want to have access to and have your Personal Information corrected, please contact the Mylan-Fingolimod Patient Care Program at 1-888-223-0038

This is a completely voluntary program and you may cancel your participation at any time and without reason by contacting the Mylan-Fingolimod Patient Care Program. Once you cancel your participation, your Personal Information will no longer be used, however, any Personal Information already provided at the time of your cancellation may be used in an aggregated and anonymous fashion for the Purposes of the Program.

Mylan reserves the right at any time and without prior notice to modify the Program, including its eligibility criteria, or to discontinue the Program.

This authorization form is valid for as long as you receive services from the Program.

**Please fax completed form to 1-844-751-9982**