TEVA-EVEROLIMUS PATIENT CARE PROGRAM℠
Fax: 1-833-377-0557 Phone: 1-877-445-6984 Email: EverolimusPatientCare@teva-canada.com
TevaCanada.com/Everolimus-Support

PATIENT ENROLMENT AND CONSENT FORM

Patient information

First name	Last name		
Address	City	Province	Postal code
Email	Mobile phone	Alternative phone	OK to leave VM ■ Yes ■ No
Date of birth (DD/MMM/YYYY)	Gender ■ Male ■ Female ■ Other		
Health card number (if applicable)	Allergy information		
Private insurance name (if applicable) Policy holder: Group: Certificate:			

Prescriber information

First name	Last name	Office name	Office email
Office phone	Office fax	Stamp	
Address			
City	Province	Postal code	

Prescription (Rx) PrTeva-Everolimus tablets

Strength (choose one): ■ 2.5 mg tablets ■ 5 mg tablets ■ 10 mg tablets	Quantity Refills	Enroled patients can receive financial assistance for an alcohol-free cortico-steroid oral solution, administered as a mouthwash, to help manage some side effects. Prescription for oral solution attached ■ Yes ■ No
Administration		
Date (DD/MMM/YYYY)	Prescriber signature	Prescriber license number

Prescriber consent (not required if enroled at the pharmacy)

I authorize Teva-Everolimus Patient Care Program℠ to be my designated agent to forward this prescription by fax or other mode of delivery to the pharmacy chosen by the above-named patient. This prescription represents the original prescription drug order for the patient. Any prior Everolimus prescription for this patient is being cancelled and has been securely filed and will not be transmitted. I confirm that this patient qualifies for treatment of Everolimus, in accordance with the Product Monograph and any contraindications, warnings and precautions described herein.

Prescriber signature	Prescriber name	Date (DD/MMM/YYYY)

Patient consent

By signing below, I wish to participate in the program as described and informed by my treating physician and I have read and fully understood the Patient Privacy Notice and Consent terms on the reverse of this form.

Verbal consent obtained for the Teva- Everolimus Patient Care Program from the patient identified above. ■ Yes ■ No

I consent to the collection, use and disclosure of personal information as described on page 2. ■ Yes ■ No

Patient signature	Patient name	Date (DD/MMM/YYYY)

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PRIVACY NOTICE AND PATIENT CONSENT

The Teva-Everolimus Patient Care Program℠ ("the Program") is a Teva Canada Ltd. ("Teva") program with the objective of providing reimbursement navigation and treatment support for patients requiring ᴾʳTeva-Everolimus . Teva has engaged a third-party service provider (the "**3rd Party Supplier"**) to administer and manage the Program on Teva's behalf.

At Teva, 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.

Personal Information is any information that could personally identify you. It includes, but is not limited to, your name, mailing address, email address, phone number, gender, or age. If you request reimbursement assistance, we may ask you to provide your financial statements, income tax records, employment records and your social insurance number. In compliance with applicable laws and regulations, Teva has mandated the 3rd Party Supplier to manage the collection and processing of the Program's Personal Information. Except for Teva legal requirements and duties detailed herein, Teva 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 healthcare professional with your Personal Information. 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 healthcare professional for purposes of registration in the Program and related treatment,
- insurance providers and government agencies for the purpose of processing reimbursement requests,
- healthcare 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 Teva in the following manner: Teva 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 Teva. More specifically, the statistical data related to the Program will be rendered in an aggregated and anonymous manner and shared with Teva, healthcare practitioners, and other third parties, as the case may be. Teva may distribute and/or publish such statistical data in any manner whatsoever.

Teva 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 3rd Party Supplier on behalf of 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 healthcare 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 of Teva products, 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 healthcare 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 of Teva products. The process of adverse experiences may include and/or be managed Teva 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 Personal 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; and is not authorized to, and shall not, transfer your Personal Information outside of Canada.

You have certain rights to access and rectify your Personal Information contained in the file held about you and 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 and you advise the Program of such, the 3rd Party Supplier will correct such Information within a reasonable period of time. Teva hereby agrees to respect and observe the provisions set forth in the applicable privacy federal or provincial legislation. To the extent there is additional protection afforded to you pursuant to any applicable privacy legislation, and same is not set forth herein, Teva 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 Teva-Everolimus Patient Care Program℠ at 1-877-445-6984 (Monday to Friday, 8 am - 8 pm EST).

This is a completely voluntary program and you may cancel your participation at any time and without reason by contacting the Teva-Everolimus 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.

Teva 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 I receive services from the Program.

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