

# FreeStyle Libre Compassionate Care Program Enrolment Form

To enrol your patient in the program, please fax this form to the FreeStyle Libre Compassionate Care Program at 1-833-875-6858.

## PATIENT INFORMATION \*Indicates a required field

<b>*FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>*LAST NAME:</b>
<b>*EMAIL:</b>		
<b>*TELEPHONE:</b> (HOME)	(MOBILE)	(WORK)
<b>BEST TIME TO BE REACHED:</b> <input type="checkbox"/> 8 a.m.–12 p.m. <input type="checkbox"/> 12 p.m.–6 p.m. <input type="checkbox"/> 6 p.m.–9 p.m.		<b>*PREFERRED LANGUAGE:</b> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/>
<b>*ADDRESS:</b>		

## PATIENT CONSENT

Bayshore Specialty Rx Ltd. (the "Service Provider") has been retained by Abbott Diabetes Care to administer the FreeStyle Libre Compassionate Care Program (the "Program"), including to manage the collection and processing of the FreeStyle Libre Compassionate Care program's Personal Information. Subject to eligibility, the services under the Program may include: (1) financial support, such as investigating your insurance coverage and confirming out-of-pocket costs; and (2) shipment of the FreeStyle Libre or FreeStyle Libre 2 reader and/or sensors. Abbott Diabetes Care reserves the right to appoint third-party service providers to administer the Program, and by accepting to participate in the Program, you consent to your Personal Information being transferred to any such service providers, including future Program Managers for the purpose of supporting the Program. The Program is expected to run until September 30, 2021; however, Abbott Diabetes Care reserves the right to terminate or modify the terms and/or services provided under the Program at its discretion and at any time. Except for legal requirements (e.g. reporting adverse reactions to a government agency) and duties detailed herein, Abbott Diabetes Care will not have access to any of your Personal Information but aggregated and unidentifiable information.

By accepting to participate in the Program, you consent to enrol in the Program and to the collection, use, and disclosure of your personally identifiable information ("Personal Information") (such as your name, address, phone number, email address, sex, financial information, and information related to your health) by the Service Provider, on behalf of Abbott Diabetes Care, and your healthcare professional for the following purposes (the "Purposes"): (i) to permit your registration to the Program; (ii) to assess your eligibility for the Program, including financial eligibility; (iii) to enable your participation in the Program; (iv) to communicate with you regarding the Program; and (v) to meet the Program's objectives. In relation to the Purposes, your Personal Information may be disclosed to or collected from your healthcare professional, who will have access to your Personal Information for the purpose of your registration in the Program and your treatment, insurance providers for the purpose of processing reimbursement requests, healthcare professionals for the purpose of processing, if applicable, laboratory results in relation to your treatment, third-party service providers of Abbott Diabetes Care and the Service Provider who require access to support the Program, and other third parties if required by law, regulation, or court order. Your Personal Information may be transferred, stored, and processed outside of Canada, where it will be subject to the laws of that country where it is transferred. That country may have laws that require that your Personal Information to be disclosed to the government under different circumstances than would Canada.

Safeguards will be used to protect your Personal Information against unauthorized access, disclosure, copying, use, or modification. Except as otherwise provided by applicable laws, you may arrange to access your Personal Information collected through the Program and request a correction to any deficient information by contacting the Service Provider by written request sent to Bayshore Specialty, 233 Alden Road, Markham, ON, L3R 3W6. You may also revoke your consent and withdraw from the Program at any time by contacting the Service Provider in writing at the address mentioned above. The withdrawal will have effect from the time that it is received but will have no effect on your Personal Information collected, used, or disclosed before it is received. For more information about how your Personal Information is collected, used, disclosed, and stored in connection with the Program, please contact [privacyofficer@bayshore.ca](mailto:privacyofficer@bayshore.ca).

My signature below confirms that I have read and understand the patient consent and privacy information and agree to the collection, use, and disclosure of my personal information in accordance with those terms.

**\*PATIENT SIGNATURE:**

**\*DATE:** (DD/MM/YYYY)

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## PRODUCT RECOMMENDED:

FreeStyle Libre

FreeStyle Libre 2

## PRESCRIBER INFORMATION:

<b>*PRESCRIBER NAME:</b>	<b>*TELEPHONE:</b> (OFFICE)	
<b>*PRESCRIBER SIGNATURE:</b>	<b>COLLEGE LICENCE #:</b>	<b>*DATE:</b> (DD/MM/YYYY)
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The FreeStyle Libre 2 flash glucose monitoring system is indicated for measuring interstitial fluid glucose levels in people aged 4 years and older with diabetes mellitus. Always read and follow the label/insert.

The FreeStyle Libre flash glucose monitoring system is indicated for measuring interstitial fluid glucose levels in adults aged 18 years and older with diabetes mellitus. Always read and follow the label/insert.