

Patient Name: _____ **Date of Birth:** _____ / _____ / _____

Patient Authorization and Consent (Read and Sign)

As further described below, I hereby authorize my providers and health plans to share my personal and medical information as described below with Gilead Sciences, Inc., the manufacturer of CAYSTON®, and its contractors for limited purposes, all in accordance with this authorization.

Persons Authorized to Disclose My Information: My healthcare providers, including any pharmacy that fills my prescription for Cayston and other drugs or devices, and any Gilead health plans or programs that provide me healthcare benefits.

Information to Be Disclosed: Personal information about me (for example, my name, mailing address, and insurance information) and my medical information (including information about my cystic fibrosis status) (together all such information is called my "health information" in this authorization). I understand that my pharmacy providers may receive remuneration for disclosing my personal and medical information pursuant to this authorization.

Persons to Which My Health Information May Be Disclosed: Gilead and its contractors and agents, including the third-party administrator responsible for the administration of the Cayston Access Program® (collectively referred to in this authorization as "Gilead").

Use of Information and Purposes for Which the Disclosures Are to Be Made: 1) establish my eligibility for benefits from my health plan or other programs; 2) provide financial assistance, support, and referral services, and communicating with my healthcare providers, including, but not limited to, facilitating the provision of Cayston and the Altera® Nebulizer System to me in certain limited situations; 3) to contact me to evaluate therapy, the effectiveness of the program and to conduct market research; 4) for Gilead's internal business purposes, including quality control, and service enhancing surveys; 5) to ensure the accuracy and completeness of my application for assistance; and 6) to send me marketing information, offers, and educational materials related to cystic fibrosis and/or Cayston, including the customer relationship marketing program (this use of my personal information is optional and by checking the box under the signatures below, I may opt out).

I understand that once my health information has been disclosed to Gilead, privacy laws may no longer restrict its use or disclosure; however, Gilead intends to protect my health information by using and disclosing it for the purposes described above and as required by law. I further understand that I may refuse to sign this authorization and that if I refuse, my eligibility for health plan benefits and treatment by my healthcare providers will not change, but I will not have access to the services available through this program. I may cancel this authorization at any time by notifying Gilead in writing and submitting it by fax to 1-877-550-1705. If I cancel, Gilead will stop using this authorization to access my health information after that cancellation date, but the cancellation will not affect any health information that has already been disclosed in reliance on this authorization before that cancellation date. I am entitled to a copy of this signed authorization, which expires at the earlier of 10 (ten) years or other time period required under the state in which I reside, from the date it is signed by me.

By checking this box, I DO NOT agree to receive marketing information, offers and educational materials related to cystic fibrosis and/or Cayston, including the customer relationship marketing program.

Patient or Legal Guardian Signature: _____

Patient or Legal Guardian Printed Name: _____

Relationship to Patient (if signed by Legal Guardian): _____ **Date:** _____



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Cayston Access Program, 6931 Arlington Road, Suite 308, Bethesda, Maryland 20814, Monday-Friday 8AM - 8PM EST

Gilead Sciences, Inc. reserves the right to modify or discontinue the Cayston Access Program or terminate assistance at any time.

Third-party reimbursement is affected by a range of factors; therefore, Gilead Sciences, Inc. cannot guarantee any coverage or reimbursement.