

NOVOCARE

Consent to Patient Education

I do state and consent voluntarily and unconditionally as follows:

1. A Patient Educator (PE) may educate me on the correct use of the Novo Nordisk products that my doctor has prescribed. This education includes, but is not limited to, treatment initiation, how to inject medication, how to use my device, how to check my glucose levels, and general disease education as related to the correct use of the Novo Nordisk product(s).
2. A PE may contact my doctor and share my information and the outcomes of the education session with him/her.
3. If I require further education on the correct use of Novo Nordisk products, I may contact a PE to provide the same and I hereby consent to any of Novo Nordisk's designated PEs providing me with such follow-up education.
4. I understand that I may receive telephonic and/or message communication from Novo Nordisk and its authorized third parties, limited to a time period of 90 days after my last Patient Education session, for the purposes of patient education, and will be able to opt out of this communication at any point in time. This may include an offer to receive a 6-month tele-coaching program at no cost to me, and other diabetes-related education services offered free of charge by Guidepost, where my doctor has consented, and I have diabetes.
5. I will share (where applicable) honest, accurate and current information with the PE as this will assist him/her in providing me with optimal product use education.
6. It is my obligation to discuss all uncertainties and questions that I may have with my doctor. I understand that the PE is not responsible to provide me with medical advice.
7. I will refer all requests for medical and treatment advice to my doctor. The information and education provided to me by the PE is subject to my doctor's advice and I will not take it in isolation.
8. I have understood what the PE told me, including the contents of this consent form.

9. I have had the opportunity to ask questions.
10. Other than providing me with comprehensive education on the use of the Novo Nordisk product(s) prescribed by my doctor, the PE did not try to coerce me or induce me to support Novo Nordisk products.
11. I indemnify Novo Nordisk and the PE from any liability arising out of the provision of this and any future Patient Education Session(s).
12. I agree to receiving the Novo Nordisk Patient Starter Kit.
13. The personal information I may share with the PE should not be shared with anyone else other than Novo Nordisk and its authorized third parties, and except for the purposes provided for in this form, unless I give my explicit consent.
14. My personal information will be stored and processed by the PE and Novo Nordisk (including authorized third parties), simply to keep a record of the Patient Education Session(s) and for the purpose of discussing the outcomes of the session(s) with my doctor and/or engagement with my medical aid should reimbursement be an issue.
15. At any time, I may request that Novo Nordisk corrects my personal information that is in their possession. At any time, I may request that Novo Nordisk destroys my personal information that is in their possession once the stated purpose for processing my personal information has been achieved. Should I request that Novo Nordisk or its authorized third parties engage with my medical aid for reimbursement or authorization, my personal information will be used to engage in such activity, to which I consent.