

PATIENT ENROLLMENT AND CONSENT FORM

Patient Information

First Name	Last Name		
Address	City	Province	Postal Code
Email	Phone	Alternative Phone	
Date of Birth (YYYY/MM/DD)	Gender		
Reimbursement (check all that apply) <input type="checkbox"/> Private Insurance <input type="checkbox"/> Public Insurance <input type="checkbox"/> Bridge Coverage	Health Card Number (if applicable)		

Prescription Information

Drug Name ACH-Teriflunomide	Dose <input type="checkbox"/> 14mg 1 tablet (14mg) once daily by mouth for 30 days	Notes/Comments:
ACH-Teriflunomide is indicated as mono-therapy for the treatment of patients with relapsing remitting multiple sclerosis (RRMS) to reduce the frequency of clinical exacerbations and to delay the accumulation of	Number of Refills <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12	
Tests Completed: <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Pregnancy		
Prescriber Sign:	Date:	
<input type="checkbox"/> My signature acknowledges and certifies that I am the prescribing physician for the above-mentioned patient in accordance with the Accord care patient support program and "This constitutes as an original prescription for the above-mentioned patient. I authorize the Accordcare Program to forward to the patient's pharmacy of choice on my behalf"		

Physician Information

First Name	Last Name	License #	Office Email
Office Phone	Office Fax	Stamp (Alternatively, physician information can be stamped in this space)	
Address			
City	Province		

Pharmacist Information (Optional)

Pharmacy Name	Email		
Office Phone	Office Fax	Address	
City	Province	Postal Code	

Patient Consent

By signing below, I wish to participate in the program as described and informed by my treating health care practitioner and I have read and fully understand the Patient Privacy Notice and Consent terms on the reverse of this form. I consent to the collection, use and disclosure of personal information as described on page 2. Yes No

Patient Signature	Patient Name	Date (YYYY/MM/DD)
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Verbal consent was obtained, from the patient, in order to initiate enrolment in the ACH-Teriflunomide Patient Support Program.

Physician Signature	Physician Name	Date (YYYY/MM/DD)
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Fax Completed Form to 1-844-822-2673

PRIVACY NOTICE AND PATIENT CONSENT

The AccordCare ACH-Teriflunomide Patient Support Program ("the Program") is an Accord Healthcare Inc. ("Accord") program with the objective of providing reimbursement navigation and treatment support for patients requiring ACH-Teriflunomide (Purpose).

At Accord, we are committed to respecting your privacy rights. We feel it's vital for you to understand how the information you provide will be distributed and disseminated as part of your Program enrollment.

Generally stated, by Personal Information we mean any information including, but not limited to, your name, address, telephone number, ("Personal Information"). In compliance with Applicable Laws and regulations, Accord has authorized SRX Health Solutions Inc ("SRX") to manage the collection and processing of Personal Information obtained through the Program. Except for Accord legal requirements and duties detailed herein, Accord will not choose to access, or have any access therein, to any of your Personal Information - but for aggregated and unidentifiable information.

By accepting enrollment and voluntarily participating in the Program, you accept to provide the SRX and your healthcare professional with your Personal Information defined above. Personal Information will be collected in the Program's documentation and database; and it will be used to facilitate registration in the Program and to meet stated Purpose.

In relation to the Program's Purpose, your Personal Information may be disclosed to:

- your healthcare professional for purposes of enrollment 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.

In addition, the file containing your Personal Information will be made available to authorized employees, contractors or agents of SRX. Those with access require the information in connection with the Purpose. We have contractually obligated the SRX to provide a high level of Personal Information protection. SRX 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 Purpose 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 Accord in the following manner: Accord will receive reports from SRX outlining data and results strictly in an aggregated and anonymous manner. No Personal Information will be shared, disclosed or transferred to Accord. More specifically, all statistical data related to the Program will be rendered in an aggregated and anonymous manner and shared with Accord, healthcare Practitioners, and other third parties, as the case may be. Accord may distribute and/or publish the acquired statistical data in any manner whatsoever.

Accord reserves the right to handover 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 take place, 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 Purpose disclosed herein.

You are consenting 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 healthcare provider(s) for the purpose of establishing eligibility requirements for the Program and the subsequent 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 or text are secure methods of communication.

If you provide information about an adverse situation while using any of Accord 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 legal requirements, we may not be able to grant your request to amend or remove Personal Information you provided to us or a third party regarding an adverse situation while using any of Accord products. The process of adverse effects may include and/or be managed by Accord affiliates or third party service providers retained specifically for this sole purpose. The database is strictly accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their respective pharmacovigilance duties.

The collection, use, and disclosure of information within the Program may involve a transfer of Personal Information to jurisdictions located outside your country of residence. These countries 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. As stated above, SRX will only retain Personal Information in accordance with fulfilling the Purpose.

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 is deemed incorrect, inaccurate or outdated, SRX will be required to correct such Personal Information within a reasonable period of time. Accord hereby agrees to respect and observe provisions outlined in 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, Accord agrees to undergo 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 AccordCare ACH-Teriflunomide Patient Support Program at 1-855-310-5103.

This is a completely voluntary Program and you may cancel your participation at any time and without reason by contacting The AccordCare ACH-Teriflunomide Patient Support Program. Once you cancel your participation, your Personal Information will no longer be used however, any Personal Information already provided is subject to the parameters of your prior participation for the Purposes of the Program.

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

By signing this form, you acknowledge that this authorization form is valid for as long as you receive services from the Program.

Fax Completed Form to 1-844-822-2673

Accord Healthcare Inc. 3535 St-Charles, Suite 704 Kirkland, Quebec H9H 5B9 • 1-844-822-2673 • accord@psphelp.ca • accordhealth.ca