

Patient Authorization and Consent

By submitting my enrollment application, whether electronically, by fax or by phone, I hereby authorize and consent to my enrollment into the Gilead Momentum® for HBV Support Program (the “**Program**”). I understand that the Program is a patient assistance program for Canadian Patients who have been prescribed VEMPLIDY™ or VIREAD®, and is offered by Gilead Sciences Canada, Inc. (“**Gilead**”). The Program provides financial assistance Services to Program enrollees (the “**Services**”), and is administered by one or more third party service providers chosen by Gilead (each a “**Service Provider**”).

I hereby understand and acknowledge that in order to enrol in the Program and receive Services, certain personal and medical information about me (“**Personal Information**”) will be collected, at the time of enrollment and on an ongoing basis, from me and my Prescribing Physician, pharmacist, nurse, insurer, government agency, employer or other sources (together, the “**Parties**”), as necessary to ensure the accuracy and completeness of this application and to obtain information required to provide the Program Services. I understand and consent to the sharing or use of my Personal Information and any additional data derived therefrom or otherwise associated with me, with, by or between the Service Providers for delivering, monitoring, improving, auditing and maintaining the Program, any Service(s), and relevant information and content.

Accordingly, on my behalf, I hereby authorize the Service Provider to share such information with my insurance provider(s) and/or pharmacy as is required to process such insurance claim(s) and to assist with prescription services.

I understand that the Personal information may be collected, used and stored on paper and/or electronic systems. Gilead and/or the Service Provider will collect, use and store my Personal Information and data derived therefrom, for providing the Program, including but not limited to: drug adjudication purposes; maintaining or improving the services offered through the Program; delivering the Services and other services I agree to receive; and providing information or content related to the Program to me.

I acknowledge and agree that my Personal Information may be rendered anonymous and aggregated with that of other patients or users of the Program and shared with Gilead and Gilead’s Affiliates, as defined under the *Ontario Business Corporations Act* (as amended from time to time).

I also acknowledge that Gilead and/or the Service Provider may store or process my Personal Information outside of Canada where it will be subject to local legislation. Other jurisdictions may have laws and regulations that require the disclosure of Personal Information to governmental authorities under different circumstances than would Canada. I further understand that Personal Information will be protected using industry standard safeguards, and will be retained only for the time required to fulfill the purposes of the Program and to comply with applicable laws. I also understand that my Personal Information will not be disclosed except as is specified above, or as is permitted or required by law.

I authorize and consent to being contacted by Gilead, the Program and administrators and service providers of the Program for purposes of: determining my eligibility for the Program; obtaining additional supporting documentation from me, including financial information; to arrange for financial coverage for me to use the prescribed medication(s); conducting Program-related activities; delivering Services, information or content to me; for market research purposes (including surveys and questionnaires) related to the Program; in the event an adverse event is reported and further follow up is required, including reporting to Health Canada; and for monitoring the quality and effectiveness of the Services.

I understand I may contact the Program at any time to update or access my Personal Information, modify or withdraw my consent (in part or in full), express a privacy-related concern, or to inquire about the privacy practices of the Program. I understand and acknowledge that should I modify or withdraw my consent, the ability to receive the Services or participate in the Program may be limited or terminated.

I further understand that any financial assistance provided to me in connection with the Program may be reportable to public and private payors or insurers and I am solely responsible for doing so.

I understand and agree that Gilead may, without prior notice to me, at its sole and absolute discretion and at any time, change the Program's eligibility criteria, change the participating products, change the Service Provider or any service provider involved in the Program, change the scope of the Services provided, and/or cancel the Program in its entirety.

Gilead does not warrant the accuracy or completeness of any content or information, advice, text, graphics, links or other items contained in or accessible through the Program or Service.

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UNINTERRUPTED OR ERROR-FREE, OR (b) IS FREE OF VIRUSES, UNAUTHORIZED CODE OR OTHER HARMFUL COMPONENTS, OR (c) IS SECURE, OR (d) WILL MEET MY SATISFACTION. I AM RESPONSIBLE FOR TAKING ALL PRECAUTIONS I BELIEVE NECESSARY OR ADVISABLE TO PROTECT MYSELF AGAINST ANY CLAIM, DAMAGE, LOSS OR HAZARD THAT MAY ARISE BY VIRTUE OF MY USE OF THE SERVICE.