

PATIENT CONSENT

By signing this Enrollment Form, or providing my verbal consent, I am requesting enrollment in Gilead Sciences Canada, Inc's ("Gilead") patient support program ("the Program"). I acknowledge that I understand and agree to the below overview of the Program and explanation of how my personal information will be collected, used and disclosed.

What is the Gilead Patient Support Program®?

The Program is a patient support program offered by Gilead for patients in Canada who have been prescribed a Gilead product, and is administered by a third-party service provider (the "Program Administrator"). Program Services may include:

- reimbursement navigation and financial assistance;
- education, compliance and adherence support; and
- coordination and delivery of medication.

I have discussed the Program with my healthcare provider and understand my participation in the Program is voluntary. I also understand that Gilead reserves the right at any time and without notice to cancel the Program in its entirety or to modify any aspect of the Program, including its eligibility criteria, the scope of Program Services and/or the Program Administrator.

My Personal Information: Collection, Use and Disclosure

In order to enroll in the Program and receive Program Services, I understand that personal and health related information about me, including my name, contact details, insurance and financial information, and prescription information (collectively "Information"), will be collected from me and/or my healthcare professionals (including my physician, nurse, or pharmacist), public and private insurance providers, and/or other sources who hold Information about me relevant to the provision of Program Services (collectively, the "Parties").

My Information will be collected from, used by, and shared between the Parties, the Program Administrator and Gilead as necessary for the following purposes:

- to determine my eligibility for the Program;
- to administer the Program and provide me with Program Services;
- to communicate with me by mail, telephone or electronic means (including email and text messaging) about the Program, my Program Services, and, if I have consented to such communications) for market research related to the Program;
- to assist with reimbursement navigation and financial assistance services, including investigating my insurance benefits, processing my insurance claim(s);
- to audit, monitor and evaluate the quality and effectiveness of the Program; and
- for monitoring and safety purposes (as explained further below).

I understand that my Information will be protected using industry standard safeguards and will not be stored, used or disclosed except for the purposes specified herein or as is permitted or required by law. My Information will be retained only for the time required to fulfill the purposes of the Program and for a reasonable period thereafter to comply with legal requirements.

My Information will be handled by Gilead in accordance with Gilead's Privacy Policy which can be found at <https://www.gilead.ca/en/privacy-policy>. I understand that the collection, use and disclosure of my Information may involve storing or processing my Information outside of Canada (including in the United States), and therefore may be subject to different privacy laws than those applicable within Canada. Those laws may require that my Information be disclosed to government authorities under different circumstances than would apply in Canada.

The Program Administrator may also de-identify my Information by removing information that could identify me ("Processed Information") and combine it with processed information of other users of the Program and share it with Gilead and its affiliated companies. Processed Information may be used to evaluate the Program and for scientific and commercial research, including health economic studies and analysis, product utilization and treatment outcomes, and publications, education and training, and business analytics. Because Processed Information is anonymous it does not allow me to be identified.

If Gilead appoints a new Program Administrator to replace the current Program Administrator I consent to my Information being securely transferred to the new Program Administrator to ensure continuity of the Program Services to me.

Drug Safety

Gilead has a legal obligation to (1) report adverse drug events to various local and international health authorities, and (2) to monitor product complaints. My Information will be monitored by Gilead and its service providers and reported to Gilead's affiliates and local or international health authorities as necessary to fulfill its legal obligations. Gilead or its service providers may contact me or my healthcare professionals for additional information to fulfill its reporting obligations.

Modifying and Withdrawing Consent

I understand that I can modify or withdraw my consent at any time by contacting the Program Administrator, but this may affect my ability to receive Program Services and will not be retroactive. Any activities relating to my Information prior to my withdrawal will not be impacted. I also understand that I can contact the Program Administrator at any time to express a privacy-related concern or to inquire about privacy practices for the Program. The Program Administrator can be reached at 1-888-GLD-8885 (453-8885).

By signing the Enrolment Form or providing my verbal consent, I acknowledge that I have read (or had read to me) and understand the information above and consent to the collection, use and disclosure of my Information as explained. I also agree to provide truthful and accurate information and to ensure that any financial assistance provided to me as a result of my enrolment in the Program or receipt of Program Services is reported as required to public or private payers or government agencies. I understand that I am solely responsible for ensuring compliance with relevant provincial or federal legislation prior to accepting any financial assistance from the Program.