

# Text2Connect Participation Form

## ***Health Information Collection***

As explained more fully in the Terms of Use, the Text2Connect Program (the "Program") is a Novo Nordisk patient support program designed to improve your overall treatment experience. If you choose to participate in the Program's timed refill reminders (the "Refill Reminders"), this Participation Form (the "Form") describes how your Personal Information may be collected, used, and disclosed for purposes of the Refill Reminders. Your Personal Information collected, used, and disclosed may include (i) your name; (ii) cell phone number; (iii) copay ID Card number; (iv) date your prescription was filled by your pharmacy; (v) other information related to your prescription records; (vi) financial information; (vii) information about your health insurance coverage; and (viii) information concerning your health condition.

By texting YES to 21848 in response to the text message requesting your permission to use this data you are directing and authorizing your pharmacy to disclose your Personal Information to Novo Nordisk and its agents for purposes of administering, maintaining, and improving the Program; providing you with refill reminder text messages timed to your prescription refill schedule, and conducting market research. Once your Personal Information is transmitted to Novo Nordisk, you should understand that the Health Insurance Portability and Accountability Act (HIPAA) may no longer protect your Personal Information or prohibit its redisclosure by Novo Nordisk. Nevertheless, Novo Nordisk is committed to protecting the confidentiality of your Personal Information and will use and share it only for the above purposes.

Your participation in the Text2Connect Program is voluntary. However, you must agree to the above collection, use, and disclosure of your Personal Information in order to obtain refill reminder messages timed to your prescription refill schedule. Your pharmacy is not permitted to condition the filling of your prescription or other medical treatment on your agreement to these uses and disclosures of your Personal Information.

You have the right to cancel this Form at any time, by texting back the word REVOKE or by texting REVOKE to 21848. If you cancel this Form, Novo Nordisk will no longer collect, use, and disclose your Personal Information for the purposes described in this Form. However, this will not apply to any collection, uses, or disclosures that have already occurred, nor will it apply to any collection, uses, or disclosures that are required by law. If you elect to cancel this Form by texting back REVOKE your cancellation cannot be undone. If you do not cancel this Form, it will automatically expire at the end of the Program or earlier where required by local law.

If you would like to obtain a copy of this Form, you may text "WAIVER" to receive a link that will direct you to a website where you may download a printable version of the Form at any time.

## ***Consent to Receive Prescription Refill Reminder Texts***

By texting YES to 21848 in response to the text message to confirm your preference for the Refill Reminders described above, you agree to receive recurring refill reminder text messages timed to your prescription refill schedule at the telephone number you provided to us. The messages may be generated using an automated system and message and data rates may apply. You do not have to consent to receive these messages in order to purchase or receive products or services from Novo Nordisk. You can opt out of receiving these messages at any time by texting back the word REVOKE or by texting REVOKE to 21848.

[Click here for Prescribing Information and Medication Guide.](#)

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