

FreeStyle Libre Reimbursement Support Program Doctor Consent Form



Please **E-MAIL** the completed consent forms to: **AbbottDiabetesCareSA@supportwindow.co.za**

I Dr _____ hereby give consent that my patients, if they so agree, may be enrolled in the FreeStyle Libre Reimbursement Support Program (“**Program**”) that is managed on behalf of Abbott Laboratories S.A (Pty) Ltd. (“**Abbott**”) by Health Window (“**Program Administrator**”), an independent third-party contracted by Abbott to administer the Program. I understand that, as the treating doctor, certain of my information would also be part of the Program and that I would have to provide support to the Program Administrator in motivating for care to be funded by the patients’ medical schemes.

The Program includes services to assist and follow-up with my patients’ respective medical schemes and give feedback regarding any reimbursement issues that my patient might experience in order to obtain reimbursement for the FreeStyle Libre Flash Glucose Monitoring System.

MEDICAL PRACTITIONER DECLARATION:

I hereby give consent and declare:

- I confirm that my patients will, in all instances, have been provided with the diagnostic, treatment and care options, the benefits risks and costs of each, and will have freely and voluntarily agreed to the FreeStyle Libre Flash Glucose Monitoring System.
- I understand that participation, or not, in the program will not affect the patients’ rights to access the FreeStyle Libre Flash Glucose Monitoring System or any other product or therapy. I understand that I may also, if agreed to by the patient, discontinue care rendered by means of this specific product. Neither I, nor the patient, is obligated to continue to use the FreeStyle Libre Flash Glucose Monitoring System.
- I understand that I do not have to provide this consent, but a failure to do so may affect the ability of my patients to consent and be offered this support, as my participation in the Program is important in order to obtain the clinical information needed to liaise with medical schemes.
- I agree to provide information on the Program to patients after they have agreed to diagnoses, treatment and care, but prior to their enrolment. I will only provide patient information as part of the Program, where applicable, with the patient’s express written consent as signed on the forms provided by the Program Administrator. I will make clear to my patients that their participation is voluntary, and that their decision will not affect the care they will receive.
- I understand that the information I provide to the Program Administrator, including information on this form (“My Information”), will be used by the Program only for specific purposes, namely to render the reimbursement support and where needed, further- or re-motivation support.
- I understand that, and consent to the collection, use and sharing of my information (e.g. as it appears on a prescription, medical scheme motivation letter) as part of the program. I agree that my information, insofar as it relates to the various components of the program may be used for that specific component, including the analysis by Abbott of the numbers of patients I have on the program over time, and at any given point in time. I understand that this consent to collection, use and disclosure applies to Abbott, it’s designated employees, contractors, agents and/or representatives (“Abbott and its Contractors”), Abbott and its Contractors are bound by the strictest confidentiality and data security measures. There will never be general access of all staff to the information covered by this consent- only designated and appropriately trained staff will be able to access the information. I understand, and hereby agree, that my Personal Information may, in appropriate circumstances, reside in and/ or be transferred to locations outside of South Africa and that Abbott and its Contractors shall, in such locations, store, secure, use, disclose and process my information only in accordance with the scope of this consent.
- The Program Administrator will not share patient identifiable information with Abbott or any third party. The Program Administrator will share de-identified and aggregated patient- and provider data to enable Abbott and/or the Program Administrator to assess and improve reimbursement assistance. Abbott may use the information to undertake research in future and/or as otherwise permitted by law.
- I agree that I may be contacted by the Program Administrator for information required for the administration of the Program, by email, phone, fax or otherwise, using the contact information that I have provided.
- I understand that the file containing my information, as the patient’s doctor, will be maintained at the offices of the Program Administrator. Authorized employees, agents and mandatories of the Program Administrator may have access to my information where necessary in order to render the services or for purposes described in this form. I understand and acknowledge that information collected in connection with the Program may be stored or processed outside of South Africa, where it may be subject to the laws of foreign jurisdictions. The Program Administrator shall ensure that such jurisdictions apply the same, or stricter levels of personal and health information protection and where they do not, have agreements in place to ensure compliance with the minimum levels of data privacy as required by South African law.
- I acknowledge that all Potentially Reportable Events (PRE) and Adverse Events (AE) should be reported directly to Abbott by contacting the Diabetes Care Customer Support Line – Telephone: 0800 222688 (Monday to Friday 09:00-17:00) and email: DiabetesCareSouthAfrica@abbott.com. I understand that, by law, the Program Administrator must report to Abbott any suspected adverse event that may come to their attention during the course of rendering the reimbursement services.
- I understand that I, and any patient of mine, may opt out of participation in the Program. I understand the implications of opting out, namely that the Program Administrator would not be able to pass my motivation on to the scheme, or render support to any of my patients. I understand that I can opt out by contacting the Program Administrator on +27 (10) 786 0316. When I have opted out, all my identifiable information will be removed from all systems and all hard copies will be destroyed, save for this consent, which will be saved as proof of my original agreement, and the subsequent instruction of withdrawal.
- I may request access to, or correction of, my Personal Information at any time by contacting the Program Administrator by email to AbbottDiabetesCareSA@supportwindow.co.za or in writing to Patient Support Operational Manager, Building B, 1st Floor, 41 De Haviland Crescent, The Woods, Persequor Park, Pretoria.
- I understand that Abbott reserves the right to modify or terminate the Program at any time without prior notice.

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| Doctor Name and Surname | | | |
| Doctor Contact Number | | | |
| Doctor Email | | Doctor Practice Number | |
| Doctor Signature | | Date | |

