PATIENT CONSENT

Your healthcare practitioner ("HCP") will collect certain Information from you in connection with medical consultation, advice, diagnosis, care, follow-up and/or other healthcare services (each a "Healthcare Service"). Your HCP may also share or maintain that Information with other healthcare professionals and service providers who or which, in his or her best professional judgment, can assist him or her in providing you with such Healthcare Services. Your HCP and the third parties with whom or which he or she shares or maintains the Information are referred to herein as Authorized Recipients.

The Information which you provide to Authorized Recipients in connection with the provision of Healthcare Services may be deemed Personal Data, Protected Health Information or otherwise subject to confidentiality and other restrictions pursuant to the jurisdiction in which you reside or of which you are a citizen ("Protected Information"). In addition, the hospital or other institution with which the Authorized Recipients are affiliated may have their own policies regarding the use, disclosure and/or maintenance of Protected Information. If you have any questions regarding the laws, regulations and policies applicable to your Protected Information in connection with its disclosure, use and maintenance by the Authorized Recipients, please contact your HCP.

Your hereby consent to the collection, review and storage of Protected Information by the Authorized Recipients for the sole purpose of providing you one or more Healthcare Services. Your consent is subject to the rights afforded you by any applicable laws, regulations governing your Protected Information.