By enrolling in the Bausch Health Savings Program, I understand and agree that my Personal Health Information (“PHI”) may be used and shared by Bausch Health Companies, Inc. (“Bausch health”) or its affiliates as defined herein.

PHI includes such information as:

* Health insurance or benefits including the amount of my coverage.
* Records related to my general health, medical conditions and history, my prescriptions and/or treatments, and my adherence to my prescriptions and/or treatment.

My PHI may be shared with the following, collective known as “Healthcare Entities:”

* My doctors and other healthcare providers
* My health insurance company/healthcare plan
* My pharmacy
* Healthcare Clearinghouses or other agents
* Others who may have access to my PHI on behalf of any of the above

My PHI will be used for the purposes of (1) providing the services offered by the Bausch Health Patient Savings Program; (2) undertaking financial support services, including benefits verification, potential out-of-pocket costs, and eligibility for financial assistance; (3) helping me find other ways to afford my treatment; (4) facilitating the dispensing of medication, supplies, or services by Bausch Health; (5) providing product support and services; (6) sharing information with my healthcare provider; and (7) internal Bausch Health use of data to conduct analyses related to the quality, efficacy, and safety of its products, drive business decisions, measure program performance, and make program improvements.

I understand that Bausch Health limits requests of PHI to only that which is necessary to provide me with my requested support. I understand that Bausch Health may receive other PHI contained in my health records. My PHI will be shared with Bausch Health affiliates, agents, representatives, and service providers.

I understand that once my PHI is disclosed, it may no longer be protected by federal privacy law and applicable state laws. While HIPAA may no longer apply, Bausch Health applies reasonable security measures to protect the information and will only use it for the purposes specified in this authorization.

I understand that I may refuse to sign this authorization. I may also cancel or withdraw my authorization at any time by contacting us at 1-833-862-8727 between 8 AM and 5 PM EST. My refusal or future withdrawal will not affect my rights to treatment or health benefits, but it may prevent me from participating in the Bausch Health Patient Savings Program. Should I cancel or withdraw my authorization, Bausch Health will stop sharing my PHI, except as required to end my participation in the program. However, my withdrawal will not affect use and disclosure of my PHI previously shared in compliance with this authorization.

I understand this authorization will remain valid for five (5) years after the date of my acknowledgement of this authorization. I understand that I have a right to receive a copy of this authorization when it is acknowledged.