Patient Authorization

I authorize the use and/or disclosure of my private health information, described below, which may include "Protected Health Information" or "PHI" as defined by the Health Insurance Portability and Accountability Act of 1996 (as amended, "HIPAA"). In general terms, I understand that Protected Health Information is health information that identifies me or that could reasonably be used to identify me. I understand that this authorization is voluntary.

I authorize my healthcare providers, including my physicians, pharmacies, and my health plan insurers to share my name, address, and phone number along with my prescription, medical diagnosis, treatment, and insurance information with Bayer and its agents and contractors. These agents include a company that provides reports to Bayer on sales of Kyleena®, Mirena® and Skyla® and a company that provides quality control and checks the accuracy of reports on sales of Kyleena, Mirena or Skyla (collectively "Bayer").

I understand that certain healthcare providers, such as my pharmacies, may receive payment from Bayer in connection with the disclosure of my PHI as described in this authorization.

I allow the use of my PHI and the sharing of my PHI to: 1) communicate with me, my healthcare providers, and health plans about my medical care, including treatment with Kyleena, Mirena or Skyla; 2) provide information on coverage and reimbursement of Kyleena, Mirena or Skyla to me and my healthcare providers; 3) facilitate returns of Kyleena, Mirena or Skyla; 4) be used for sales purposes, including to evaluate healthcare provider prescribing patterns; and 5) comply with applicable law.

I understand that any personal information provided on this form will not be used for any purposes other than those described above unless I give written consent, or it is required or permitted under the law, and my name and all other identifying information is removed.

This authorization will remain in effect for 1 year after the date I sign it and will expire after 1 year unless I revoke it prior to this time. I can withdraw (ie, take back) this authorization earlier by sending a written request to Bayer Healthcare Pharmaceuticals, Attn: Medical Communications, 100 Bayer Boulevard, Whippany, NJ 07981 (Fax# 973-305-3560), except to the extent my healthcare provider or health plan has taken action in reliance on my authorization. I understand that if I revoke this authorization, it will not have any effect on any actions my healthcare providers or my health plan may have taken before receiving the revocation, and will not affect Bayer's ability to use and disclose any information it has already received.

I also understand that persons or entities that receive my PHI under this authorization may not be required by privacy laws (such as the HIPAA Privacy Rule) to protect the information and may share it with others without my permission, if permitted by laws applicable to them.

I may refuse to sign this form, and refusal will not affect my treatment, payment for treatment, enrollment in a health plan, or eligibility for benefits.

I have read this entire authorization and/or had its contents read to me. I have had an opportunity to ask questions about the uses and disclosures of PHI described above, and all of my questions have been answered to my satisfaction. I authorize the use and disclosure of my information as described in this form. I understand that I am entitled to receive a signed copy of this authorization.

Printed name of Individual or Individual's representative | Date of Birth | Date

Signature of Individual or Individual's representative | Date

If signed by the Individual's representative, a description of the representative's relationship to the Individual and such person's authority to act for the Individual (eg, parent, guardian, etc)

PLEASE FAX THE PRESCRIPTION REQUEST FORM, INCLUDING THE SIGNED PATIENT AUTHORIZATION SECTION ON THIS PAGE.

Please see Important Safety Information for Kyleena, Mirena or Skyla on third page and accompanying full Prescribing Information for Kyleena, Mirena and Skyla.