



By acknowledging below, you opt-in to receiving information ODACTRA. You represent that you are over the age of 18.

ALK-Abelló, Inc. respects your privacy and any information that you provide to us. Information will only be used by ALK-Abelló, Inc. and its contracted third parties. To understand your rights and our use of your information, please review our [Privacy Policy](#). You acknowledge that you have read and understood our Privacy Policy and that you consent to the use of your information as stated in it.

ALK-Abelló, Inc. and the third parties acting on its behalf will use your name, mailing address, and e-mail address to send you information and related materials that you have requested in connection with ODACTRA. You acknowledge that you understand and agree that we may use your information to provide you with these updates and with other helpful information, including information that will assist you in adhering to therapy. This authorization will expire two (2) years from the date of your acknowledgement, unless applicable state law requires a sooner expiration date. You have the right to revoke this authorization at any time, except to the extent that ALK-Abelló, Inc. has taken action in reliance on it. You may revoke this authorization by notifying ALK-Abelló, Inc. in writing at the following address: Opt_out_info@alk.net. The effective date of your revocation is the date on which the revocation is received by ALK-Abelló, Inc. You understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it and it would then no longer be protected by federal privacy regulations.

Treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether you acknowledge this authorization.

You understand that ALK-Abelló, Inc. has provided financial remuneration to its contracted third parties for marketing purposes.

By acknowledging below, you wish to opt-in to receive information ODACTRA. You are the patient/consumer, or have the patient's/consumer's consent or the legal authority to enroll the patient for information regarding ODACTRA. You fully acknowledge and agree to the above terms and the use of your information as stated herein.

You understand that you are entitled to receive a printed or e-mailed copy of this acknowledgement.