

# Getting started with Omnipod® System is easy. Just follow these 2 simple steps...



## 1. Talk to your healthcare provider.

Set up an appointment with your healthcare provider to learn more about insulin pump therapy and whether or not it is right for you.

## 2. Call us or send us your information.

After deciding pump therapy is right for you, give us a call at 1.844.207.9982. To get you started, our team will work with you to make the process as easy as possible.

-OR-

If you're ready to get started, simply complete the form below and fax it back to us at 1.855.FAX4POD (1.855.329.4763). Once we receive your paperwork our team will reach out to you as soon as possible.

Fax completed form to 1.855.FAX4POD (1.855.329.4763)

## Patient Information Form Part A

### Insulet Canada Corporation

1540 Cornwall Road, Suite 201 Oakville, ON L6J 7W5  
Toll free 1.844.207.9982

### Confidential Personal Health Information

### Patient Information

Patient Name (First, Last)	Date of Birth (YYYY/MM/DD)	<input type="radio"/> Male	<input type="radio"/> Female
Parent/Guardian (For children under 18 only)	Best Phone Number to Reach You		
Street	Preferred Method of Contact:	<input type="radio"/> Phone	<input type="radio"/> Email
City	Province	Postal Code	
Email Address (parent/guardian, where applicable)	<b>Are you currently using a pump?</b>	<input type="radio"/> Yes	<input type="radio"/> No
Where did you hear about the Omnipod® System?	How long have you been using your current pump?	<input type="radio"/> < 90 days	<input type="radio"/> 4-5 years
		<input type="radio"/> 90 days-4 years	<input type="radio"/> 5+ years
	Current Pump Manufacturer		

### Clinic and Physician Information

Clinic Name		
City	Province	Postal Code
Clinic Phone Number	Clinic Fax Number	
Diabetes Care Physician (First, Last)		
Diabetes Care Physician Phone Number	Diabetes Care Physician Email Address	

### Insurance

Have you registered or do you plan to register for provincial insulin pump program coverage?  Yes  No  Unsure

#### Primary Health Insurance Coverage

Policy Holder Name (First, Last)
Birth Date (YYYY/MM/DD)
Relationship to patient
Employer
Insurance Company
Insurance Policy #
Insurance Certificate #

#### Secondary Health Insurance Coverage

Policy Holder Name (First, Last)
Birth Date (YYYY/MM/DD)
Relationship to patient
Employer
Insurance Company
Insurance Policy #
Insurance Certificate #

#### Safety Information

Before deciding on the Omnipod® Insulin Management System, patients must discuss with their healthcare provider (HCP) the benefits and potential risks of the Omnipod® Insulin Management System, as well as the responsibilities that come with insulin pump therapy.

#### Indication

The Omnipod® Insulin Management System is intended for subcutaneous (below the skin) delivery of insulin at set and variable rates for the management of diabetes mellitus in persons requiring insulin and for the quantitative measurement of glucose in fresh whole capillary blood (in vitro).

Refer to the Omnipod® System User Guide for complete information<sup>1</sup>

Reference: 1. Omnipod® Insulin Management System User Guide, Insulet Corporation, 2015.

#### Contraindications

Insulin pump therapy is NOT recommended for people who are either:

- Unable to perform at least four (4) blood glucose tests a day
- Unable to maintain contact with their HCP
- Unable to use the Omnipod® Insulin Management System according to instructions

Do not use the integrated FreeStyle Blood Glucose Monitoring System for:

- Testing on newborns
- Testing arterial blood
- Diagnosing of or screening for diabetes mellitus

#### Warnings

The Omnipod® System is designed to use rapid-acting U-100 insulin. Refer to the insulin labeling and follow your healthcare provider's directions for how often to replace the Pod. Not recommended for individuals with hearing loss; always verify ability to hear Pod/PDM alerts and alarms. The Pod and PDM may be affected by strong radiation or magnetic fields. Before having an X-ray, MRI, or CT scan (or any similar test or procedure), remove your Pod and put it and the PDM outside the treatment area. Monitor your blood glucose with the guidance of your HCP. Undetected hyperglycemia or hypoglycemia can result without proper monitoring. If you are unable to use the Omnipod® System according to instructions, you may be putting your health and safety at risk. Talk with your HCP if you have questions or concerns about using the Omnipod® System properly.

Fax completed form to  
1.855.FAX4POD (1.855.329.4763)

**Insulet Canada Corporation**  
1540 Cornwall Road, Suite 201  
Oakville, ON L6J 7W5  
**www.myomnipod.ca**  
Toll free 1.844.207.9982



# Patient Information Form

## Part B

**Confidential Personal Health Information**

### Omnipod® Customer Care Program Authorization to Disclose Personal and Health Information (“Authorization”)

The Omnipod® Customer Care Program (“the Program”) is run by Insulet Canada Corporation or its affiliated companies (collectively referred to as “Insulet Canada”) in association with one or more trusted third party service providers acting on behalf of Insulet Canada (“Service Providers”). The Program is designed to assist patients with enrollment into the Program, reimbursement support, order taking and management, product fulfillment, coordinating training, and managing non-technical questions and concerns about the Omnipod® Insulin Management System. Training will be coordinated by Insulet Canada and conducted either by an independent certified pump trainer or a clinic. Insulet Canada will also assist patients with technical questions through services provided by one of its Service Providers or a clinical specialist employed or retained by Insulet Canada.

In order to provide you with the above described services under the Program, you will need to provide Insulet Canada or one of its Service Providers with certain personal information (“Personal Information”), including but not limited to your name, date of birth, gender, contact information (such as your telephone number, email address, mailing address, etc.), prescription information, insurance information, and certain medical information (“Medical Information”) including, but not limited to: indication (why the device is required), disease state (the type of diabetes you have been diagnosed with), medical history (as it relates to your diabetes), and a copy of the statement of medical necessity in conjunction with use of the Omnipod® Insulin Management System or other similar document. The Personal Information and the Medical Information (collectively referred to as “Information”) will be used solely for the purposes of the Program, and only to:

- complete your registration with the Program
- investigate your reimbursement options for the Omnipod® Insulin Management System
- facilitate training on the Omnipod® Insulin Management System
- provide you with support regarding your questions about the Omnipod® Insulin Management System
- communicate with you regarding adjudication/reimbursement issues
- assist you with the ordering of any Omnipod® Insulin Management System parts
- provide you with communications related to the Program and products currently being furnished to you
- provide you with communications that you opt in to receive below (if any)
- *contact you to conduct market research activities regarding your use of the Omnipod® Insulin Management System and/or diabetes in general. At the time that you are contacted by Insulet Canada, you may choose whether or not to participate in the market research activity.*

Any Information you provide to a healthcare provider, clinician, pharmacy or clinic in connection with the Program (including but not limited to Information provided for the purpose of completing any training checklists, reimbursement forms, pump therapy order forms, medical necessity forms, and discharge forms) may be directed to Insulet Canada and/or one more of its Service Providers for use solely in connection with the Program.

In carrying out the above activities, Insulet Canada and/or its Service Providers may disclose your Information on a confidential basis with health insurer(s), if any, and possibly other drug and/or device payers (for example in the event of a specific federal or provincial applicable reimbursement program). The health insurer(s) and/or payer(s) may respond by disclosing information about you and your insurance coverage for the Omnipod® Insulin Management System to Insulet Canada and/or its Service Providers. Insulet Canada may also disclose your Information to Insulet Corporation (Insulet Canada’s parent corporation and the manufacturer of the product) located in the United States so as to ensure continual operation of the Program and product order fulfillment. Once the information leaves Canada for another jurisdiction, the information is subject to the laws of that other jurisdiction and may be accessible to that jurisdiction’s governments, courts, law enforcement or regulatory agencies.

Insulet Canada may disclose your Information to a Service Provider for the purpose of providing you with technical support affiliated or associated with the Program.

Insulet Canada and/or its Service Providers may also disclose your Information to comply with applicable laws, court orders, or government regulations.

The applicable federal and provincial privacy laws require Insulet Canada to protect your privacy by requiring that it use and disclose your Information only for the purposes described in this Authorization or as required by law. Your Information will not be used or disclosed by Insulet Canada and/or its Service Providers for any other purpose unless your consent is first obtained or the use is permitted or required by law or the information is rendered anonymous so that you are no longer identifiable as an individual. These limitations continue even after this Authorization expires (ends) or you revoke (take back) this Authorization. Your Information will be stored by Insulet Canada in a secure and confidential database located on its computer servers with access to the database restricted to authorized employees and mandataries. Appropriate technical, physical and organizational safeguards will be used to protect your Information against unauthorized access, disclosure, copying, use or modification.

You have the right to request access to your Information that Insulet Canada has on file subject to applicable legal restrictions, which include the right to amend that Information and to receive an account of how it has been used and a list of the organizations to whom it has been disclosed. You can request access to this Information by writing to Insulet Canada at 1540 Cornwall Road, Suite 201, Oakville, Ontario L6J 7W5. If you wish to make inquiries or complaints, or have other concerns about Insulet Canada’s personal information practices, you can contact Insulet Canada at 1.844.207.9982.

You understand that:

- The role of the Program is, in part, to explore your reimbursement options in an attempt to secure coverage for the Omnipod® Insulin Management System. Enrollment in the Program does not guarantee reimbursement.
- Participation in the Program is not required to access the Omnipod® Insulin Management System.
- You do not have to consent to this Authorization but, if you do not, you will not be able to participate in the Program.
- You may revoke (take back) this Authorization at any time by emailing, faxing or mailing a signed letter of revocation to the Omnipod® Customer Care Program (Email: [omnipodcanada@insulet.ca](mailto:omnipodcanada@insulet.ca); Fax: 1.844.207.9918; Mail: 1540 Cornwall Road, Suite 201, Oakville, Ontario L6J 7W5), but if you do so, the Program will be unable to assist you in obtaining payment for the Omnipod® Insulin Management System, and you will no longer participate in the Program.
- Revoking the Authorization will prohibit disclosure of your health information after the date your letter of revocation is received and processed.
- You are entitled to a copy of this Authorization.

This Program is only valid for residents of Canada. Insulet Canada reserves the right to modify or end the Program at any time.

**By my signature below, I acknowledge that I have read and understand the above information and consent to the collection, use and disclosure of my Information as described.**

*OPTIONAL: From time to time, Insulet Canada would like to send you, by email, telephone or mail, the communications described below. If you would like to receive such communications, please check the box below.*

**I wish to receive from Insulet Canada, by email, telephone or mail, relevant information regarding new products or services, and information related to managing my diabetes.**

*You may opt-out of receiving any of the above optional communications at any time by contacting the Program Administrators at 1.844.207.9982 or by following the instructions provided in subsequent communications, where applicable.*

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Printed Name of Patient or Legal Representative

\_\_\_\_\_  
Legal Representative’s Relationship to Patient

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