

Consent for Disclosure and Transfer of Personal Information

Air Liquide Healthcare PTY. LTD. ABN 41 002 653 045

1. I consent to Air Liquide Healthcare Sleep Solutions (**Air Liquide**) using, disclosing and transferring my Personal Information described below to the manufacturer (or their affiliates) (**Manufacturer**) of the CPAP or BiPAP machine I am using for my Therapy Initiation Program and any CPAP or BiPAP machine I purchase from Air Liquide (**my CPAP device**). The Manufacturers referred to in this Consent form will be either Philips Electronics Australia Ltd ACN 008 445 743, Fisher & Paykel Healthcare Pty Ltd ACN 005 484 999 or ResMed Asia Pacific Limited ACN 070 076 470.
2. My Personal Information which may be used by Air Liquide and disclosed to the Manufacturer directly by Air Liquide is as follows: my name, contact details, date of birth, gender, my medical practitioners' names (including general practitioner and sleep physician), notes related to my treatment and related to interactions with me and Air Liquide, the serial number of my CPAP device and accessories used with my CPAP device and my answers to any questionnaires.
3. I further consent to the transfer of my Personal Information described as follows:
 - a. to Air Liquide and to the Manufacturer by way of electronic upload from my Smart Card or from a modem in connection with my use of my CPAP device provided to me by Air Liquide, my usage information, including start and end time of therapy each day; therapy statistics such as apnea index, hypopnea index, apnea-hypopnea index; leak; and pressure; and
 - b. to Air Liquide and to the Manufacturer in connection with my use of my CPAP device: my usage information, including start and end time of therapy each day; therapy statistics such as apnea index, hypopnea index, apnea-hypopnea index; leak; and pressure.
4. All of my Personal Information described above is transferred to Air Liquide and the Manufacturer solely for the following purposes: provision of healthcare services to me and monitoring of my therapy by Air Liquide, by my medical practitioners (including my General Practitioner and sleep physician) and sleep testing facility personnel.
5. I understand that:
 - a. other than Air Liquide and the Manufacturer and a limited number of authorised personnel of Air Liquide and the Manufacturer, only my medical practitioner (including my general practitioner and sleep physician) and/or sleep testing facility personnel will have access to my Personal Information held by the Manufacturer.
 - b. the Manufacturer and Air Liquide have access to my Personal Information only for purposes of maintenance and support.
 - c. to facilitate the provision of healthcare services considered above, the Manufacturer may disclose Personal Information to the following third parties: its related bodies corporate; suppliers and service providers; IT outsourcing providers located in the USA and Europe; businesses that it buys or transfers; to its agents, lawyers and other professional advisors; government agencies and law enforcement agencies when required by a law or a court order. In addition, I understand that my Personal Information may be collected, stored, transferred and accessed from a database managed by the trusted service providers of the Manufacturer in the USA.
 - d. Air Liquide and the Manufacturer will not sell or transfer my information to any other party for their marketing use without my consent.
 - e. the Manufacturer may hold my Personal Information on secure computer systems in the USA and will take reasonable steps to protect all of my Personal Information that it holds from misuse, loss and unauthorised access, modification or disclosure in accordance with Australian privacy laws relating to personal health information.
 - f. the Manufacturer may aggregate and de-identify my Personal Information and use certain de-identified information for the following secondary purposes: its own internal purposes such as product enhancement and development, business management and benchmarking and analytics, clinical research, business research and marketing purpose such as for making claim statements.
 - g. I am not under an obligation to consent to the transfer of my Personal Information. However, without this information, Air Liquide and my medical practitioners may not be able to provide me with an appropriate level of service.
6. I acknowledge that Air Liquide may use and disclose my Personal Information in accordance with its privacy policy which is available at: <https://www.airliquidehealthcare.com.au/legal>
7. I acknowledge that the Manufacturers may use and disclose my Personal Information in accordance with their respective privacy policies which are available at <http://www.philips.com.au/privacypolicy>, <https://www.fphcare.com/au/footer/privacy-statement/> and <https://www.resmed.com.au/privacy-policy>.
8. If I have any questions or wish to gain access to any of my Personal Information, I may contact Air Liquide.
9. I have read and understood this Consent and I agree to the terms of this Consent for disclosure and transfer of my Personal Information to Air Liquide and the Manufacturer. Where the Personal Information relates to a person under the age of 18 years of age, I understand that a parent or legal guardian must sign this Consent Form on my behalf.

I acknowledge that I have been advised by Air Liquide Healthcare that the CPAP machine supplied to me has been set according to the prescription from my medical practitioner.

I have read, understood and agree to Air Liquide Healthcare's Privacy Policy and Credit Reporting Policy.

I have read, understood and agree to the CPAP/Bi-level Orientation Checklist.

I have read, understood and consent to the Connected Care Agreement

I acknowledge that Air Liquide Healthcare has not made any claim or representation as to the effectiveness of the treatment prescribed by my physician(s). I acknowledge that Air Liquide Healthcare has informed me, and I agree that they will not assume any responsibility or liability for the success, failure, or effect of any treatments performed with the equipment.

I would like to receive updates from Air Liquide Healthcare Pty Ltd about products, services, promotions, special offers, news and events. OR I do not wish to receive any of these types of updates from Air Liquide Healthcare Pty Ltd.