

# Want more information about your treatment?

**OPDIVO with You** is here to help. When you sign up for **OPDIVO with You**, you'll have a variety of resources. This complimentary support program for patients and caregivers includes:



1. **Welcome Letter** and a folder to help you keep all resources in one place
2. **Educational materials**, including a brochure with information about how OPDIVO works, dosing, side effects, and advocacy groups
3. **Follow-up emails** with helpful tips
4. **Infusion Guide** to help you prepare for treatment
5. **Side Effects Tracker** to help you monitor and report any changes in your body
6. **Cookbook** and nutrition information for patients

## Sign up today

Online: [www.OPDIVO.com](http://www.OPDIVO.com) Phone: 1-855-OPDIVO-1 Fax: Form provided by your office  
Please fill out the attached form on the following page.



**OPDIVO with You** also offers patients who have been prescribed OPDIVO a personal Care Counselor.

The Care Counselor can help patients understand side effects that may be associated with their treatment. Care Counselors are registered nurses with training regarding OPDIVO but cannot provide medical advice. Patients are encouraged to speak to their doctor about questions regarding their health.

**Bristol Myers Squibb is committed to helping patients throughout their treatment.**



**Instructions:** Please review this document and sign and date below. Send the signed document by fax to 1-800-220-7193. For questions, call 1-855-673-4861.

OPDIVO® with You Education and Support is designed to provide OPDIVO patients with general information about OPDIVO. It is sponsored by Bristol Myers Squibb, the maker of OPDIVO. In order for you to participate, Bristol Myers Squibb will need to review, use, and disclose your personal information, including health information.



## PATIENT ENROLLMENT

### PATIENT CONTACT INFORMATION

*\*Indicates mandatory field*

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
\*Patient DOB: \_\_\_\_\_ \*Primary Phone Number: \_\_\_\_\_ ☐ Mobile ☐ Home  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ \*State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### CLINICAL INFORMATION

Diagnosis: \_\_\_\_\_ Therapy Type: ☐ Monotherapy ☐ Combination  
\*Next Scheduled OPDIVO Infusion Date: \_\_\_\_\_ Infusion #: \_\_\_\_\_ ☐ Not Started Treatment Yet  
\*Physician Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Nurse Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

The information you've provided us may be used by Bristol Myers Squibb, or parties acting on its behalf, to contact you via mail, telephone, in electronic format, or otherwise in the future for market research, clinical trials, and other information and offers that it believes to be of interest to you. This information may be provided to other parties that Bristol Myers Squibb is working with, including but not limited to its subsidiaries and affiliates, in order to help develop programs and provide services that may be of interest to you, provide educational information, or for processing, mailing, and/or Internet-based delivery purposes. Bristol Myers Squibb may also use your information for communication, services, and marketing activities. From time to time, the Privacy Policy may change and for the most recent version, you should go to [www.bms.com/legal/pages/privacy.aspx](http://www.bms.com/legal/pages/privacy.aspx)

You can stop future marketing communications and use of your information by calling 1-855-OPDIVO-1.

## PATIENT AUTHORIZATION

This Authorization permits your healthcare providers who provide services to you to disclose to Bristol Myers Squibb and its authorized agents personal information about you, including health information. Such personal information may include: name, address, date of birth, health records relating to treatment, and information bearing on your health or adherence to your treatment. Your personal information will be used:

- To contact you about the program
- To provide you with information about OPDIVO, via mail, telephone, in electronic format, or otherwise
- To update your healthcare providers about program communications with you

This Authorization will be in effect for 1 year once you have signed it. You may withdraw it at any time by sending a written notice by fax to 1-800-220-7193. This withdrawal is effective once received.

Once your health information has been disclosed, privacy laws may no longer restrict its use or disclosure; however, Bristol Myers Squibb agrees to protect your information by using and disclosing it only for the purposes described above or as required by law. You may refuse to sign this Authorization and if you refuse, your treatment by your doctor will not change, but you will not be able to participate in the Program.

I would like to enroll in OPDIVO with You Education and Support, and have read this form and agree to its terms:

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
If applicable, Description of Personal Representative's Authority

THE PATIENT OR HIS/HER PERSONAL REPRESENTATIVE MUST BE GIVEN A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED.



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