

**Global Kinetics Patient Data Consent Form: AUSTRALIA**

Treating Clinic: .....

Address: .....

.....

**Important: Please read this form carefully before signing it.**

*Your consent: By signing this form you are giving your express consent to Global Kinetics Pty Ltd (**GK**), the provider of the Parkinson's KinetiGraph® System (**PKG System**) to collect, use, disclose and manage your personal information, including your results in the manner and for the purposes explained in this form. For details of how your Treating Clinic will manage your personal information, please refer to the Treating Clinic's patient consent form and privacy policy.*

*About Parkinson's KinetiGraph: GK provides patients diagnosed with Parkinson's disease who have been referred by their medical practitioner with access to the PKG System. The PKG System comprises the Parkinson's KinetiGraph wrist-worn watch (**PKG watch**), proprietary algorithms and data-driven reports. While you are wearing the PKG watch it will continuously track your movement. Upon request and in coordination with your Treating Clinic, the PKG watch may be programmed to remind you of your prescribed Parkinson's disease medication times and to register that you have taken your Parkinson's disease medication. GK collects and logs data from the PKG watch and quantifies, analyses and reports on your movement disorder symptoms to your Treating Clinic to enable them to better understand the effectiveness of their prescribed medication and to make adjustments to your treatment.*

*Your questions: GK does not provide medical advice to patients who use the PKG System. If you have any questions about your health, treatment, or prescription, please contact your Treating Clinic. If you have any questions about this form, the PKG System or GK's information handling practices, please contact GK using the details below.*

You grant permission to Global Kinetics Pty Limited (ACN 625 682 957) of Level 9, 31 Queen Street, Melbourne, Victoria, 3000, Australia (Tel: 1300 754 000, email: info@pkgcare.com) to collect (including from the Treating Clinic), process, use, disclose and store in Australia your information, as described below, which includes your health information (**'Personal Information'**):

- your contact details, including your full name, address, telephone number and email address;
- a patient code assigned by the Treating Clinic;
- your gender, date of birth, Parkinson's medication, dosage, and other medical and treatment history where relevant (**Treating Information**); and
- all data and results generated from your use of the PKG watch now and in the future (**Results**) and any associated reports prepared by or on behalf of GK.

You understand that:

1. Your Personal Information will be disclosed by the Treating Clinic to, and collected by, GK for GK to deliver the PKG watch to you directly including for ongoing technical support.
2. GK will process the data generated by your use of the PKG watch and undertake an analysis of the Results to produce a report that quantifies your movement disorder symptoms which GK will provide to your Treating Clinic (**Report**).
3. GK may collect, use, disclose and store your Personal Information to:
  - a. provide you with the benefit of the PKG System, including any technical and other assistance in relation to your use of the PKG watch;

- b. prepare and provide the Report (including your Personal Information and a representation of your Results) to the Treating Clinic; and
  - c. use your Results, your de-identified Personal Information, and your Report (including in an aggregated form) for GK's own research and development and commercial development purposes to improve its products and services.
4. If you do not provide all the information requested, or if you choose to interact with GK on an anonymous basis or not wear or use the PKG watch as directed, GK may not be able to provide the PKG System to you.
  5. GK will retain a record of your Personal Information, including your Results, your Treatment Information, and your Report to deliver its services and patient support, carry out research and to comply with its legal and regulatory obligations.
  6. The Treating Clinic may assist GK by providing you with access to this form or may inspect this form to validate that you have provided consent.
  7. You have given your separate consent to the Treating Clinic in relation to the Treating Clinic's collection, use, disclosure, and management of your personal (including health) information, including the Report and any other information it collects from or about you in relation to your use of the PKG watch. You will contact your Treating Clinic if you have any enquiries about your personal information that the Treating Clinic holds about you.
  8. You have the right to request and obtain access to the Personal Information that GK holds about you (subject to any lawful exceptions), and to ask for your Personal Information to be corrected in accordance with the processes explained in GK's privacy policy which you can request from GK or can read on its website at: <https://pkgcare.com.au/healthcare-professionals/privacy-notice/>.
  9. GK's privacy policy also explains how you can complain if you believe your privacy rights have been infringed and how GK deals with complaints.
  10. GK will hold your Personal Information securely in Australia.

By providing your consent you are agreeing to Global Kinetics' handling your Personal Information as set out in this Patient Data Consent Form and also described in the Global Kinetics' privacy policy available at <https://pkgcare.com.au/healthcare-professionals/privacy-notice/>.

**Consent**

- I have read and consent to the collection, use, disclosure, processing, and storage of my personal data as described in this Global Kinetics Patient Data Consent Form.
- I consent to Global Kinetics using my de-identified data in aggregated form for Global Kinetics' own research and development in improving its products and services.

**Full Name** .....

**Address** .....

.....

**\*Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*If an authorised person of the patient (Representative) is signing this form to give consent on the patient's behalf, please complete the following:**

**Full Name of Representative:** .....

**Address** .....

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**Basis of Representative authorisation:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_