



Abilify MyCite

(aripiprazole tablets with sensor)

2, 5, 10, 15, 20, 30 mg

## **CONSUMER AUTHORIZATION & CONSENT FOR USE & DISCLOSURE OF INFORMATION**

Welcome to the Consumer Authorization & Consent for Use & Disclosure of Information (the “Authorization”) for the ABILIFY MyCite<sup>®</sup> System (“System”). The System was developed and manufactured by Otsuka America Pharmaceutical, Inc. and its affiliates and alliance companies (including its employees and contractors, “Otsuka” or “we/us/our”). The System includes several components:

- ABILIFY MyCite (aripiprazole tablets with sensor)
- MyCite<sup>®</sup> Patch (wearable sensor: the “Patch”)
- MyCite<sup>®</sup> App (a smartphone application: the “App”)
- Web-based portals (one interface through which consumer-selected healthcare providers can access ABILIFY MyCite information, and a second interface through which consumer-selected family members and friends can access ABILIFY MyCite System information: each a “Portal” and together the “Portals”)

The System tracks various types of data about you, including data collected automatically by the System (e.g., medication ingestion, heart rate, activity and sleep), and data collected based on user input that you choose to enter

into the System (e.g., mood, mood contributors and sleep quality). The System can display certain data or information collected by the System (including medication ingestion data) to you, your selected healthcare providers, and your selected family members and friends who serve as caregivers. The System provides a personal health record that is managed, shared, and controlled primarily by and for you. You may opt-out of sharing specific data or disconnect entirely from a healthcare provider or caregiver at any time.

**Information about you will be used and disclosed as described in the [Consumer Privacy Notice](#). By signing this Authorization, you are providing additional legal consent for the uses and disclosures of your information described in the Consumer Privacy Notice. To make sure we have obtained meaningful consent from you, this Authorization provides a simpler statement of how information about you will be used and disclosed as a result of your use of the System.**

## **1. Consumer Personal Information to Be Used or Disclosed**

Information about you that will be used and disclosed pursuant to this Authorization and consistent with the Consumer Privacy Notice includes:

- Enrollment information you provided when you decided to use the System, and information that is created as your enrollment is processed.
- Information you provide to the MyCite Support call center, including information you provide during account setup.

- Information that the App prompts you to provide when you set up your account, including your name, email address, password of your choosing, and your healthcare provider's name and connection code.
- The names and connection codes of any additional healthcare providers whom you choose to invite to access your information on the relevant Portal.
- Information the System is designed to collect automatically from the Patch, such as the date and time that you take your medication, your step count, information related to your heart rate, whether you are sleeping or awake, and whether your Patch is working or something is preventing its proper function. The System also automatically collects your smartphone's time zone setting and information regarding your use of the App (including login frequency), as well as technical information (including your Internet Protocol (IP) address).
- Information that you manually and optionally provide through your use of the App, (for example information about your mood, mood contributors, and sleep quality).
- Information relating to your use of the System that is legally collected and shared with us and our vendors from other sources (such as your healthcare provider, the pharmacy that fills your prescription for the ABILIFY MyCite kit, and any health plan that pays for your care).

We refer to this information altogether as your “consumer personal information”, or just, “personal information”. For a more detailed description, please look at the Consumer Privacy Notice.

## 2. Persons Authorized to Use, Disclose, and Receive Your Consumer Personal Information

Your personal information will be collected, used, and shared among a group of authorized parties (“Authorized Parties”) as described in this Authorization and the Consumer Privacy Notice, and as permitted or required by applicable law. These Authorized Parties include:

- **Otsuka and Its Vendors.** Otsuka and its vendors (such as the MyCite Support call center), which may use, disclose, and receive consumer personal information for purposes such as supporting the operation of the System.
  
- **Your Selected Healthcare Providers.** Specific healthcare providers you allow to connect and have access to your personal information.
  - Their access to your personal information collected through the System will be limited consistent with choices you make through your use of the App, and will be subject to the Terms of Use.
  
  - All healthcare providers with whom you connect will have access to medication ingestion information collected through the System. You may choose whether to opt-out of giving healthcare providers access to all other information collected through the System (e.g., Information that you manually and optionally provide through your use of the App).
  
  - Healthcare providers with whom you connect may use and share your personal information when they communicate with Otsuka and its vendors about the System (for example, to provide us with feedback on how to improve the System).

- **Your Selected Family and Friends.** Any family or friends you invite through your use of the App to have access to your personal information.
  - Their access to your personal information collected through the System will be limited consistent with choices you make through your use of the App, and will be subject to the [Terms of Use](#).
  - You may choose whether to give them access to your all other information collected through the System (e.g., Information that you manually and optionally provide through your use of the App).
  - Family members and friends with whom you connect may use and share your personal information when they communicate with Otsuka and its vendors about the System (for example, to provide us with feedback on how to improve the System or to get help with the Portal from the MyCite Support call center).
- **Your Pharmacy.** Any pharmacy that fills your prescription for an ABILIFY MyCite kit.
  - Your pharmacy may collect, access, receive, maintain, and use certain personal information, and may share it with other Authorized Parties. For example, your pharmacy may share with us information from the MyCite enrollment form you completed when you decided to use the System, as well as information that is created as your enrollment is processed.

- Importantly, your pharmacy will not have access to personally identifiable information collected by the System (e.g., your medication ingestion, heart rate, activity, and sleep).
- **Your Health Plan.** Any health plan that pays for your care.
  - Your health plan may collect, access, receive, maintain, and use certain consumer personal information, and may share it with other Authorized Parties. For example, we may provide your health plan aggregated information about outcomes for plan participants who use the System.

### **3. Purposes for Which Your Consumer Personal Information Will Be Used and Disclosed**

Your consumer personal information will be used and disclosed by Authorized Parties for purposes relating to the operation of the System, to improve the System, to provide services to System users, and for management and administration purposes. For example, your personal information may be used and disclosed for the following reasons:

- To enable Otsuka and its vendors (like the MyCite Support call center) to provide services related to the System.
- To keep your healthcare providers, family members, and friends informed, consistent with choices you make through your use of the App.

Your personal information may also be used and disclosed for the following purposes:

- To obey the law (for example, we may disclose personal information in response to a court order).
- To respond to subpoenas and other legal process (for example, we may disclose personal information if we receive a valid subpoena requesting the information).
- To protect our legal rights (for example, we may use personal information to defend against claims brought against us by third parties).
- To investigate suspected wrongdoing (for example, we may use personal information as needed to conduct a fraud investigation).
- To create de-identified data that can be used and shared for purposes such as improving the System, conducting research, and developing products. We will maintain, process, and use this data in its deidentified form, and will not attempt to reidentify you from it.

#### **4. Encryption**

We use encryption and other methods in an effort to protect your personal information.

All of the information collected from the Patch is encrypted when it travels from the Patch to our cloud-based storage vendor, when it is transmitted to you through the App, and when it is transmitted to your selected healthcare providers, family members, and friends through the Portals. Similarly, the information you provide to us through the App is encrypted when it is transmitted to our cloud-based storage vendor where it may be viewed by your selected healthcare providers, family members, and friends through the Portals. All personal information we collect remains encrypted at all times while it is stored by our cloud-based storage vendor. Our cloud-

based storage vendor does not have the key to access your encrypted information.

The System may generate certain communications that will be sent to you or your selected healthcare providers, family members, and friends via email. Such communications will be encrypted in transit.

The System generates emails that will be sent to you for purposes such as, but not limited to, welcoming you to the System once you have created an account, allowing you to reset your password, and notifying you when changes have been made to your account. The System will send emails to your selected healthcare providers, family members, and friends for purposes such as inviting them to access the Portals and notifying them if you choose to disconnect from them. Neither the subject line nor the body of these emails will contain your name or any other personally identifiable information about you. To the extent that you elect to share medication information with selected healthcare providers, in the event that you have missed doses, the System may send a generic email advising them to check the Portal.

By accepting these Terms of Use, you are requesting that we send certain communication through email. We are not responsible for the security of the email system used by you or any individual invited to connect through the System. We cannot guarantee that information will be encrypted on such email systems. Your personal information could be accessible to others if the recipient does not keep your personal information secure and private or the transmission is compromised. **BY CLICKING "ACCEPT" BELOW, YOU ARE REQUESTING THAT WE SEND THESE COMMUNICATIONS TO YOU AND YOUR SELECTED HEALTHCARE PROVIDERS, FAMILY MEMBERS, AND FRIENDS.**

## **5. Your Right to Refuse to Sign This Authorization**

You do not have to sign this Authorization. If you choose not to sign this Authorization, you cannot use the System.



Your refusal to sign this Authorization will not affect your right to receive treatment from your healthcare provider. It also will not affect your eligibility for healthcare benefits for which you may otherwise be entitled.

## **6. Authorization Expiration Date and Your Right to Revoke This Authorization**

This Authorization will remain effective for one year from the date of your agreement, unless you choose to revoke it earlier. You may revoke this Authorization at any time. To revoke this Authorization, please contact us through the methods in [Section 8](#) below, and delete the App from your smartphone and remove the Patch. No more consumer personal information about you will be collected by the System after you uninstall the App and remove the Patch.

Any such revocation, however, will not apply to consumer personal information that has already been collected and disclosed under this Authorization. Uninstalling the App does not delete your consumer personal information. Healthcare providers with whom you had connected will still have Portal access to this information. Family members and friends with whom you had connected will continue to have Portal access to this information, unless you disconnect them before deleting the App.

Keep in mind that you may use the App to make a number of choices relating to the use and disclosure of your personal information:

- **Edit Your Sharing Preferences.** You may use the App to make choices about how much of your personal information is shared with your selected healthcare providers, family members, and friends. If you change your mind at any time, you can use the App to update your sharing preferences.
- **Add or Remove Connections.** You may use the App to disconnect from any healthcare providers, family members, and friends whom

you had previously invited to have access to your personal information. Disconnected healthcare providers, family members and friends will lose all access to your personal information. They will not be able to see any information you had previously shared with them.

Also, if you would like us to delete any of your personal information, or have any other privacy-related requests, please make the request as described in [Section 8](#) below, and we will evaluate your request and respond. We may be required by law to retain personal information.

## **7. Redisclosure of Your Consumer Personal Information**

Once your personal information has been disclosed as described in this Authorization, it may be used or re-disclosed by the recipient(s), to the extent permitted by applicable law. This may happen even if you revoke this Authorization.

## **8. Questions and Support**

It is very important to us that you understand how information about you will be used and shared as a result of your use of the System. Please contact the Privacy Office or MyCite Support, using the contact information provided below, if you have any questions about how your personal information will be used and disclosed or requests related to your personal information.

Please use our [privacy request form](#) or call us at 1-800-438-6124. We will process such requests in accordance with applicable laws.

You can call MyCite Support at 1-844-MYCITE-H (1-844-692-4834) for assistance.

You have a right to receive a copy of this Authorization after you click “Accept” below to sign it. Please call MyCite Support at the phone number noted above if you want to exercise this right and get a copy of this Authorization.

**Effective Date: June 1, 2024**

ABILIFY MyCite® and MyCite® are registered trademarks of Otsuka Pharmaceutical Co., Ltd.