

**PATIENT CONSENT TO CONSULTATION**

1. I understand that, in the course of my medical consultation, information about me that is helpful in the provision of health care services to me ("Personal Information") may be collected and stored. This information may include information that identifies me as an individual, such as my name, birth date and medical history.
2. I understand that my Personal Information may be shared with and used by Project Orbis International, Inc. ("Orbis") and other health care providers that work with Orbis to manage my case and assist with the evaluation, diagnosis and treatment of my condition. These health care providers may not be located in the country in which I live.
3. I authorize my Personal Information to be shared with other health care professionals who work with Orbis for education and training purposes, including for the purpose of assisting with the evaluation, diagnosis and treatment of other patients
4. I understand that Orbis may also use my Personal Information in an aggregate form that does not identify me as an individual in performing medical research, generating statistics and developing outreach programs. Orbis may also share this information with third parties for similar purposes. Orbis will not, however, provide my Personal Information to third parties without my prior written consent, except as described in this consent or as required by law.
5. I agree that Orbis may store, process and transmit my Personal Information through electronic means, including through the Internet. The servers Orbis uses to store, process and transmit my Personal Information may not be located in the country in which I live. Orbis uses various security measures to protect the personal information stored, processed and transmitted through electronic means. I understand that, to the extent permitted by applicable law, Orbis makes no guarantees, assurances or promises concerning the security of this information.
6. As Orbis continues with its mission of providing health care at little or no cost to the patient, it may find a third party looking to further this mission. In that case, I agree that my Personal Information may be transferred to such third party.
7. With respect to any dispute regarding this consent, my rights and obligations will be governed by the laws of the United States and the State of New York.
8. To the extent permitted by applicable law, I hereby release Orbis from any liability arising from any lawsuits, actions or other claims by me that its use of my Personal Information as described in this consent violates any law or regulation concerning data use, processing and protection.
9. By signing below, I confirm that I have read, fully understand and agree to the above or, if I am unable to read any of the above paragraphs or words, I confirm that this Consent to Consultation has been fully read to and, if necessary, translated for me, and that I fully understand and agree to its content.

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date