

Authorization to Use Personal Information

I authorize Amgen and its contractors (“Amgen”) to use and/or disclose my personal information, *including my personal health information*, for the following purposes: (1) to enroll me in and/or continue my participation in Amgen’s Voices of Experience™ program and related activities; (2) **to provide me with informational and marketing materials relating to Amgen products and services, and/or my condition or treatment**; and/or (3) to improve, develop, evaluate and continue products, services, materials and programs related to my condition or treatment. I understand that I may be contacted by email and/or phone for any of these purposes and that such communications may include the use of prerecorded voice messages and autodial systems. I further understand that if I allow Amgen to leave a voice message, any such voice message may contain sensitive information regarding Amgen’s programs and/or my condition or treatment.

I further understand that the Voices of Experience™ program and additional informational and marketing communications are optional and free services. I do not have to sign this authorization and this authorization in no way affects my right to obtain any medications. To obtain a copy of this authorization or to cancel at any time, I can contact Amgen by calling 1-855-894-4352. The Amgen privacy statement can be found at <http://www.amgen.com/privacy/statement.html>. I choose to be contacted regarding the Voices of Experience™ program, and to receive informational and marketing communications from Amgen in the future, as indicated above.

If you are under the age of 18, you are not eligible to participate, and we ask you not to submit any personal information to us.

***I agree that my personal information may be used for these purposes.**

The Voices of Experience™ Network is supported exclusively by Amgen.