

California Consumer Protection Act (CCPA) Privacy Notice to California Consumers for IPSEN CARES®

The California Consumer Privacy Act of 2018 (CCPA) gives California residents certain rights, including the right to know what categories of personal information Ipsen collects about you and the purposes for which such information is collected. More information can be found in our Privacy Policy available at <https://www.ipсен.com/us/privacy-policy/>.

If you have any questions regarding this Privacy Notice or Ipsen’s collection and use of your personal information, please call, toll-free, 844-975-1739 or email us at IpsenUS_Privacy@ipсен.com. California residents who are unable to review or access this notice due to a disability may call IpsenUS_Privacy@ipсен.com to access this notice in an alternative format.

To opt out of the sale of your personal information, please email IpsenUS_Privacy@ipсен.com or call, toll-free, 844-975-1739.

Information for Health Care Professionals:

CATEGORIES OF PERSONAL INFORMATION COLLECTED	PURPOSES FOR WHICH WE COLLECT PERSONAL INFORMATION
<ul style="list-style-type: none"> Identifiers such as a real name, postal address, unique personal identifier, or other similar identifiers. 	<ul style="list-style-type: none"> Facilitate enrollment of a patient in our IPSEN CARES Patient Support System Prescribe a patient treatment Process payor rebates for care provided to that patient
<ul style="list-style-type: none"> Professional or employment-related information. 	
<ul style="list-style-type: none"> Written signatures. 	

Information for Patients:

CATEGORIES OF PERSONAL INFORMATION COLLECTED	PURPOSES FOR WHICH WE COLLECT PERSONAL INFORMATION
<ul style="list-style-type: none"> Identifiers such as a real name, postal address, unique personal identifier, or other similar identifiers. 	<ul style="list-style-type: none"> Enroll you in IPSEN CARES Establish your benefit eligibility and potential out-of-pocket costs for treatment Communicate with your healthcare providers and health plans about your treatment plan Provide support services, including patient education and financial assistance for treatment Help get treatment shipped to you Facilitate your participation in treatment patient programs as you have requested or may request Communicate with you regarding any adverse event you may experience Communicate with you regarding therapy programs including promotion of Ipsen products Compliance with legal and regulatory requirements
<ul style="list-style-type: none"> Health insurance information, including an individual’s insurance policy number or subscriber identification number, any unique identifier used by a health insurer 	<ul style="list-style-type: none"> Enroll you in the IPSEN CARES program Establish your benefit eligibility and potential out-of-pocket costs for treatment

<ul style="list-style-type: none"> to identify the individual, or any information in the individual's application and claims history. 	<ul style="list-style-type: none"> Communicate with your healthcare providers and health plans about your treatment plan Provide support services, including patient education and financial assistance for treatment Help get treatment shipped to you Compliance with legal and regulatory requirements
<ul style="list-style-type: none"> Medical information, including any information in possession of or derived from a healthcare provider, healthcare service plan, pharmaceutical company, or contractor regarding an individual's medical history, mental or physical condition, or treatment. 	<ul style="list-style-type: none"> Enroll you in the IPSEN CARES program Establish your benefit eligibility and potential out-of-pocket costs for treatment Communicate with your healthcare providers and health plans about your treatment plan Provide support services, including patient education and financial assistance for treatment Help get treatment shipped to you Facilitate your participation in treatment patient programs as you have requested or may request Communicate with you regarding any adverse event you may experience Communicate with you regarding therapy programs including promotion of Ipsen products Compliance with legal and regulatory requirements
<ul style="list-style-type: none"> Characteristics of protected classifications under California or federal law, such as race, gender, and physical or mental disability. 	<ul style="list-style-type: none"> Enroll you in the IPSEN CARES program Compliance with legal and regulatory requirements
<ul style="list-style-type: none"> Written signatures. 	<ul style="list-style-type: none"> Enroll you in the IPSEN CARES program Compliance with legal and regulatory requirements

Information for Caregivers:

CATEGORIES OF PERSONAL INFORMATION COLLECTED	PURPOSES FOR WHICH WE COLLECT PERSONAL INFORMATION
<ul style="list-style-type: none"> Identifiers such as a real name, postal address, unique personal identifier, or other similar identifiers. 	<ul style="list-style-type: none"> Enroll the patient in the IPSEN CARES program Communicate with you regarding support services, including patient education and financial assistance for treatment Communicate with you regarding any adverse event the patient may experience Communicate with you regarding therapy programs for the patient, including promotion of Ipsen products Compliance with legal and regulatory requirements
<ul style="list-style-type: none"> Written Signatures 	<ul style="list-style-type: none"> Enroll the patient in the IPSEN CARES program Compliance with legal and regulatory requirements