

To Whom It May Concern:

I, _____, authorise MediGuide Insurance Services International LLC and Global Response Ltd to secure a remote Second Opinion from a World Leading Medical Centre for my diagnosed condition. I also here authorise any doctor, attending consultant, physician, hospital, or healthcare provider to release my medical records to Global Response Ltd and/or MediGuide Insurance Services International LLC. In connection with that Second Opinion, I have authorised MediGuide Insurance Services International LLC and Global Response Ltd to collect all pertinent medical records and information relating to my health as well as the specific condition leading to my request for the Second Opinion. I acknowledge that MediGuide Insurance Services International LLC and Global Response Ltd that the medical centre that I will select and/or their consulting physician(s) will rely exclusively on the Medical Records in rendering the Second Opinion and that MediGuide Insurance Services International LLC and Global Response Ltd have no obligation or responsibility for the accuracy or completeness of the Medical Records provided by my local treating physician(s).

In addition, I recognise and accept that since there will be no direct physical examination by the consulting physician(s), I will not have the benefit of observations and insights that can only be obtained through such a direct examination.

Finally, I am requesting a Second Opinion from MediGuide Insurance Services International LLC and Global Response Ltd in an effort to confirm a diagnosis previously obtained from my local doctor or attending consultant. The responsibility of MediGuide Insurance Services International LLC and Global Response Ltd, the medical centre I select, and/or their consulting physician(s) with respect to my diagnosis or suggested treatment plan will be satisfied in full upon delivery of the Second Opinion. It is my responsibility to follow up with my local healthcare providers regarding my ongoing treatment.

Name (print):

Signature:

Date:

Address

For the purpose of providing this service to you your data will be transferred to countries outside of the European Economic Area. You are consenting to your personal data, including your sensitive personal data to be transferred to the United States of America and may also be transferred to other countries outside of the European Economic Area.

Member Representative Consent

Please complete the section below if someone else (e.g. Friend, family member, spouse) will be assisting MediGuide Insurance Services International LLC and Global Response Ltd in the coordination of your Second Opinion.

I, hereby authorise the person named below

Name (print):

Representative Signature:

Date:

to act as my personal representative and primary contact with regards to the Second Opinion process provided by MediGuide and Global Response Ltd.