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Your opt-in form must include a **text input** and a **checkbox** with the prescribed terms language below. Please use the following main component in your layout.

Email Opt-In Form

☐

I would like Phreesia to email me the [name of follow-up resource, using name mentioned in collateral].

Submit



[Redacted Name]

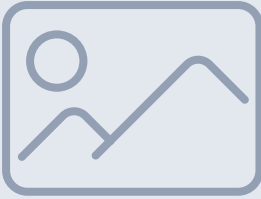
[Redacted Title]

[Redacted Line 1]

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[Redacted Bio]



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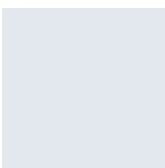
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[Redacted Bio]

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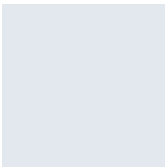


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Continue

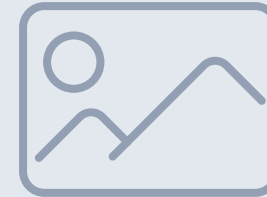


[Redacted Name]

[Redacted Title]

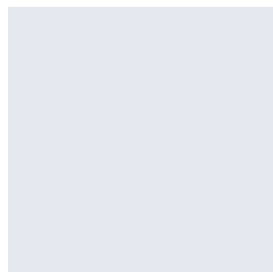
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[Redacted Bio Line 3]

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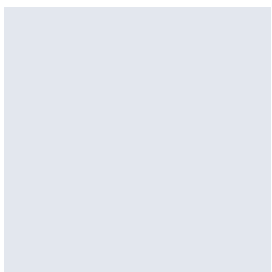


[Redacted Section Header]

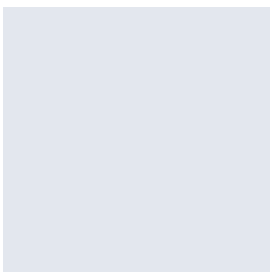
[Redacted Section Header]



[Redacted Caption 1]
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[Redacted Caption 5]
[Redacted Caption 6]

[Redacted Form Header]

☐ [Redacted Form Label]

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[Redacted Form Text 4]

[Redacted Form Button]

[Redacted Footer Line 1]

[Redacted Footer Line 2]
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[Redacted Footer Line 6]
[Redacted Footer Line 7]



No Thanks

Submit

Auto-Fill

Would you like to auto-fill this form with your information?

Cancel

Auto-Fill

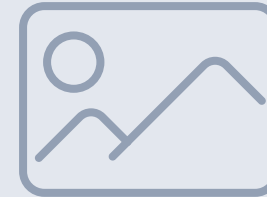


[Redacted Name]

[Redacted Title]

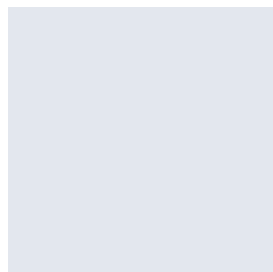
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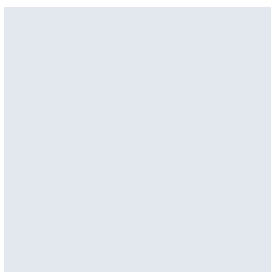
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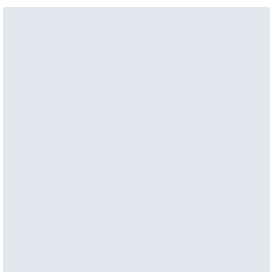
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[Redacted Form Header]

☐

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[Redacted Form Footer]

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[Redacted Footer Line 7]



No Thanks

Submit



[Redacted Name]



[Redacted Line of Text]

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Med Guide PDF

Privacy Policy



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Close

Consent to Share



By clicking “I Accept” below, I allow Phreesia to share my name, [email/phone number/any other data elements], as well as information about the content I saw (such as the drug name and/or the condition that it is approved to treat) with [Sponsor]. This gives [Sponsor] the ability to send me additional promotional messages. Phreesia used my health information to match me to this content. Thus, sharing my information may allow [Sponsor] to make assumptions about me and my health.

My choice is completely voluntary. I do not have to share my information with [Sponsor].

If I share my information, [Sponsor] may further use and disclose my information according to its Privacy Policy, which is available at [URL – open to overlay window in platform]. The Privacy Policy also explains how to contact [Sponsor] with questions about privacy.

If I would like to withdraw my consent for Phreesia to share my information in the future, I can send an email to privacy@phreesia.com. I need to include my name, email, and phone number and a statement that I do not wish for my information to be shared. My withdrawal of consent applies only to information not yet shared.

I certify that I am over 18. I am either providing my own contact information or of someone whose information I have the right to share.

I Decline

I Accept



[Redacted Name]

[Redacted Bio Line 1]
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[Redacted Bio Line 3]

[Redacted Bio Line 4]



[Redacted Post Line 1]

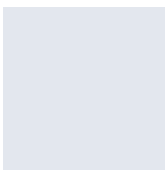
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[Redacted Post Line 8]

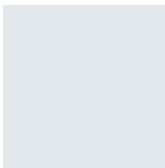
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[Redacted Post Line 12]
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[Redacted Post Line 14]
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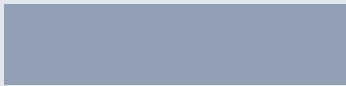
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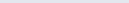
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Continue




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Auto-Fill



Would you like to auto-fill this form with your information?

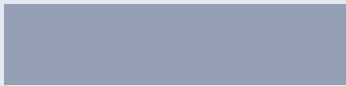
Cancel

Auto-Fill



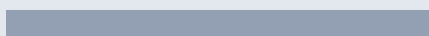
No Thanks

Submit





| Response | Percentage |
|---|------------|
| Yes, the U.S. should take action to address climate change | 93% |
| No, the U.S. should not take action to address climate change | 7% |



Submit



[Redacted Name]



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Continue



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Auto-Fill



Would you like to auto-fill this form with your information?

Cancel

Auto-Fill

Prescribing Information

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Medication Guide

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Med Guide PDF

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Consent to Share



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I Accept