## REGISTERING YOUR NEW COCHLEAR™ DEVICE IS IMPORTANT

Registration ensures your product is covered under the Cochlear Global Limited Warranty and enables prompt support to be provided directly by Cochlear or your hearing health professional when needed.

- Please complete this form with all required details. If you're unsure where to find any
  of the details requested on the form, ask your hearing health professional or contact
  your local Cochlear office.
- 2. Sign and date the form.

Recipient details

Surname

Gender

**Address** 

Phone

Mobile

E-mail address

E-mail address

3. Return the form to your local Cochlear office (details on the back of this form)



Town / City\*

# Serial number\* Product model Activation date\* Which side?\* Given names' Country\* Mobile **Audiology centre** Organisation

# Parent or guardian details (If the recipient has not reached the age of majority) Surname\* Given names\* Contact details are the same as for the child\* Phone Country code Are code Number Number Audiologist

# SUMMARY OF COCHLEAR'S PRIVACY POLICY ("Summary") Privacy and the collection of personal information

Cochlear Limited and its subsidiaries and affiliates (together referred to as "we", "us", "Cochlear" and "Cochlear Group") is committed to protecting the privacy of personal information in accordance with applicable privacy and data protection laws. This Summary provides a summary of Cochlear's Privacy Policy. This Summary is not intended to replace Cochlear's Privacy Policy. To read Cochlear's Privacy Policy please go to www.cochlear.com, or request a copy from Cochlear at the address nearest you.

# Privacy statement for the recipient or their parent, guardian or carer

During the process of receiving a Cochlear device, personal information about the user/recipient ("you/r") will be collected for use by Cochlear and others involved in your care. The information includes personal information (including health information) relating to you, details of your healthcare professional, your implantation details and history. This information is usually collected by completing and returning various forms to Cochlear. These include an implant registration form which is completed on your behalf by the surgical team, and a device registration form which will be completed by you or your audiologist at the time of your device fitting. Without this information, Cochlear may not be able to effectively support and manage its products and services.

During subsequent interactions with your healthcare professional and Cochlear, the following personal information may also be collected and sent to Cochlear by you, your device or the healthcare professional:

- your usage data. This includes MAP files (data relating to the program settings used by your audiologist to customise your Cochlear device) and datalogs (data relating to how long your sound processor has been in different environments and program modes);
- · product performance, service and reliability data;
- · your preferences and interests;
- $\bullet$  and any other information that is necessary for you to transact with the Cochlear Group.

Cochlear collects and uses your personal information, including health information to:

- · Support and improve the use of the device
- $\bullet$  To contact you with offers and other information (including insights) that we believe will be of interest to you.
- Inform, improve and manage the maintenance and development of Cochlear products, services and events
- Improve our marketing and promotional efforts and conduct marketing analytics
- Maintain product distribution records
- Carry out market research and ask you to participate without obligation in surveys.

We may share your personal information with:

- The surgeon or audiologist, the clinic or hospital at which treatment is received and if applicable, to the parent, guardian or carer
- Business partners, suppliers and distributors engaged by Cochlear to perform services or functions on our behalf
- Government regulators if required or where appropriate
- · Health insurers
- · Others within Cochlear Group
- Any new owners of Cochlear if the business is sold, restructured or integrated with another group, for use by them in the same way.
- You may opt out of some of these services or change your privacy preferences, by contacting us at privacy.asia-pacific@cochlear.com or by writing to us at the Cochlear address nearest you.

With some exceptions, you can gain access to the personal information Cochlear holds about you by contacting the Cochlear company you deal with. For more information or a list of Cochlear Group companies, please read Cochlear's Privacy Policy on www.cochlear.com, or request a copy from Cochlear at the address nearest you.

<sup>\*</sup>Required fields

### PRIVACY NOTICE TO THE HEALTHCARE PROFESSIONAL

If you are a healthcare professional, Cochlear may collect personal information about you, including:

- Your medical specialty;
- · Your clinical interests;
- Your clinic(s);
- · Your purchase and/or use of Cochlear products;
- · Information about your surgeries in relation to Cochlear products;
- Your preferred language; and
- · Any other information (such as payment information) that is necessary for you to transact with the Cochlear group

The following explains why we collect the information and how we use and store it. Cochlear collects personal information including your name and contact details to:

- Support and improve the use, maintenance, performance and reliability monitoring and development of Cochlear's products, services and events
- Share within Cochlear Group to get a group-wide picture of your dealings and relationship with us
- · Maintain product distribution records
- · Keep you informed by post, telephone, by e-mail, text messaging or other established electronic methods, about new products, services and events from Cochlear Group and others where relevant to your relationship with Cochlear.

You can inform us at any time if you no longer wish to receive any of this information by contacting us at privacy.asia-pacific@cochlear.com.

The information may be accessible within Cochlear Group and to those we engage in performing activities, who will sometimes be located in other countries. In the course of managing our products, services, and events, we may disclose certain information

- The clinic or hospital at which the recipient receives treatment, and their health
- · Business partners, suppliers and distributors engaged by Cochlear to perform services or functions on our behalf
- Government regulators if required or where appropriate
- · Health insurers
- Any new owners of Cochlear if the business is sold, restructured or integrated with another group, for use by them in the same way.

With some exceptions, you can gain access to the personal information Cochlear holds about you by contacting the Cochlear company you deal with. For more information or a list of Cochlear Group companies, please read Cochlear's Privacy Policy on www.cochlear.com, or request a copy from the Cochlear address nearest

# Return the completed signed form to Cochlear



I consent to Cochlear handling my personal information in accordance with the Summary and Cochlear's Privacy Policy, accessible from http://www.cochlear.com/wps/wcm/connect/intl/privacypolicy. A summary of Cochlear's Privacy Policy is printed on this form for my convenience.

If I am completing this form on behalf of someone else (for example, as their healthcare professional, carer, parent or legal guardian), I am authorised to complete this form on behalf of the recipient (or in the case of a minor, the recipient's parent or guardian). I confirm that the recipient understands and agrees to Cochlear handling their personal information in accordance with Cochlear's Privacy Policy.

I also consent, in my capacity as healthcare professional, to Cochlear handling my personal information in accordance with Cochlear's Privacy Policy.

Signature*					
Authorised representative/Recipient					
Printed name					
Relationship, if signed on behalf of the recipient					
(eg. parent, carer, guardian)					
Date*					
	Day	Month	Year		
*Required fields					

Return the form to Cochlear:

Cochlear Ltd (ABN 96 002 618 073) 1 University Avenue, Macquarie University, NSW 2109, Australia Tel: +61 2 9428 6555 Fax: +61 2 9428 6352 Cochlear NZ Limited Level 4, Takapuna Towers, 19-21 Como Street, Takapuna, Auckland 0622 New Zealand Tel: 64 9 914 1983 Fax: 0800 886 036 株式会社日本コクレア (Nihon Cochlear Co Ltd) 〒113-0033 東京都文京区本郷2-3-7 お茶の水元町ビル Tel: 81 3 3817 0241 Fax: 81 3 3817 0245 Cochlear (HK) Limited Room 1404-1406, Leighton Centre, 77 Leighton Road, Causeway Bay, Hong Kong Tel: +852 2530 5773 Fax: +852 2530 5183 Cochlear Medical Device (Beijing) Co Ltd Unit 2608-2617, 26th Floor, No.9 Building, No.91 Jianguo Road, Chaoyang District, Beijing 100022, P.R. China Tel: +86 10 5909 7800 Fax: +86 10 5909 7900

Cochlear Limited (Singapore Branch) 238A Thomson Road, #25-06, Novena Square Office Tower A, Singapore 307684 Tel: +65 6553 3814 Fax: +65 6451 4105 Cochlear Korea Ltd 2nd Floor, Yongsan Centreville Asterium, 25, Hangang-daero 30 gil, Yongsan-gu, Seoul, Korea (04386) Tel: +82 2 533 4450 Fax: +82 2 533 8408

Cochlear Medical Device Company India Private Ltd Ground Floor, Platina Building, Plot No C-59, G-Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051, India Tel: +91 22 6112 1111 Fax: +91 22 6112 1100

www.cochlear.com

ACE, Advance Off-Stylet, AOS, Ardium, AutoNRT, Autosensitivity, Baha, Baha SoftWear, BCDrive, Beam, Bring Back the Beat, Button, Carina, Cochlear, 科利耳, コクレア, 코클리어, Cochlear SoftWear, Contour, コントゥア, Contour Advance, Custom Sound, DermaLock, Freedom, Hear now. And always, Hugfit, Human Design, Hybrid, Invisible Hearing, Kanso, LowPro, MET, MP3000, myCochlear, mySmartSound, NRT, Nucleus, Osia, Outcome Focused Fitting, Off-Stylet, Piezo Power, Profile, Slimline, SmartSound, Softip, SoundArc, True Wireless, the elliptical logo, Vistafix, Whisper, WindShield and Xidium are either trademarks or registered trademarks of the Cochlear group of companies. © Cochlear Limited 2022



**Cochlear**™

**Device registration form** 

