

Patch Health, Inc. Privacy Policy

NOTE: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

OVERVIEW

Patch Health, Inc. (“we,” or “Patch,” or the “Company”) respects the privacy rights of customers, visitors, and other users (“you” or “User”) of the services provided by Patch through its mobile application (“Application”) and website (collectively, the “Site”). Patch is a platform that permits Users to select and transmit a request for physical therapy or other physical health and/or wellness services (“Services”) to licensed physical therapy and/or other health and wellness providers (“Providers”) that provide non-emergency Services in the comfort and convenience of a User’s home, office, hotel, gym, workplace, or other location provided that both the User and the Provider are legally able to use the space (a “Visit”).

This Privacy Policy sets forth Patch’s policy with respect to information that is collected from Users of the Site. This Privacy Policy applies only to our Site and not to any other website or mobile applications that you may be able to access from the Site or any website or mobile application of any third party, each of which may have its own privacy policy. Your use of the Site and Services and functionalities provided on the Site is governed by this Privacy Policy and by Patch’s Terms of Service, available at www.pagingpatch.com, for both Users and Providers.

The Site is not directed to children and children are not eligible to use our Site. If you are under age 18, please do not attempt to use our Site or provide any Personal Data about yourself to us. Parents or legal guardians of minors are permitted to use the Site to view Content and/or to request Visits as described in Patch’s Terms and Conditions.

ACCEPTANCE OF POLICY: BY USING THE SITE AND SERVICES YOU HEREBY ACCEPT THE PRACTICES AND POLICIES OUTLINED IN THIS PRIVACY POLICY, AND YOU HEREBY CONSENT TO THE COLLECTION AND USE, OF YOUR INFORMATION AS PROVIDED HEREIN. IF YOU ARE REGISTERING AN ACCOUNT OR USING THE SITE AND SERVICES ON BEHALF OF AN INDIVIDUAL OR ENTITY OTHER THAN YOURSELF, YOU REPRESENT THAT YOU ARE LEGALLY AUTHORIZED BY SUCH INDIVIDUAL OR ENTITY TO ACCEPT THIS PRIVACY POLICY ON SUCH INDIVIDUAL’S OR ENTITY’S BEHALF.

COLLECTION OF DATA

Our Site, either via technology or via data input, may collect certain types of personal data, including but not limited to name, gender, address, phone number, and email address, and / or personal health information (collectively “Personal Information”).

We also collect information via our servers and may or may not collect log files, cookies, pixel tags, mobile device information, analytics via third-party, and / or location information.

Credit Card Information

In order to request a Sessions on the Site, a credit card number may be required. Patch may collect your credit card information, including card number, CVV, expiration date and billing information, and share it with our payment provider to process payment. The payment provider may store your credit card

information for future use on the Site. Patch assumes no responsibility or liability for unauthorized disclosures of your credit card information due to transmission errors, unauthorized third party access or other reasons beyond Patch's direct control.

USE OF DATA AND DISCLOSURES

We may use or share your Personal Information in the following ways and/or with the following individuals and / or entities:

- Providers who have confirmed a visit request via our platform. We will share personal data and health information to better facilitate the Visit.
- Run and Manage the Company. We can use your Personal Information to run our Company, facilitate operations and/or for any other internal purpose. We may also use your Information to contact you.
- Billing and Payment. We may or may not need to share your information to collect payment for services.
- Third Parties Designated by You. At some point in the future, you may be able to share Personal Information with certain individuals that you designate to receive such information.

For Providers, in addition to the Personal Information that you input into the Site, we may share additional Personal Information to Users and / or other third parties.

Other ways that we may share your Information:

We are allowed and /or required, by law, to share your Information in certain other ways. We must meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Ways that we may share your information include, but are not limited to the following:

- Help with public health and safety issues: We can share health information about you for certain situations such as (1) preventing disease; (2) helping with product recalls; (3) reporting adverse reactions to medications; (4) reporting suspected abuse, neglect or domestic violence; (5) preventing or reducing a serious threat to anyone's health or safety.
- Do research: We can use or share your information for health research. If we do so we will redact your name and any other information that could identify you from the health information we share.
- Comply with the law.
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health information: You can ask to see or get an electronic or paper copy of your health information we have about you. Ask us how to do this. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health information: You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting us using the information below. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to: (1) Share information with your family, close friends, or others involved in your care; (2) Share information in a disaster relief situation. If you are

not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission: marketing purposes and the sale of your information.

SPECIAL CATEGORIES OF INFORMATION

In many circumstances, we are required to provide more restrictive treatment to the following types of information: psychotherapy notes, genetic testing information, information on persons with developmental disabilities, information concerning HIV/AIDS testing, and alcohol and drug abuse treatment.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.