

**ZERIGO HEALTH, INC.**  
**NOTICE OF PRIVACY PRACTICES**

**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.**

This Notice of Privacy Practices (“**Notice**”) is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act and regulations implemented thereunder (collectively, “**HIPAA**”). This Notice is designed to inform you of how we may, under federal law, use or disclose your protected health information.

## **I. OUR PLEDGE TO PROTECT YOUR PRIVACY**

We understand that health information about you is personal, and we are committed to protecting the privacy of your information. As a patient who is utilizing the Zerigo Health Solution, we maintain a record of the care you receive in a healthcare record so that we may provide you with quality care and to comply with various legal requirements. This Notice applies to the records of your care provided by Zerigo Health, Inc. (“**Zerigo**”).

*We are required by law to:*

- Maintain the privacy of your protected health information;
- Give you this Notice explaining our legal duties and privacy practices with respect to your protected health information;
- Notify you if you are affected by a breach of unsecured protected health information; and
- Follow the terms of the Notice that is currently in effect.

## **II. WHO WILL FOLLOW THIS NOTICE**

The following people or groups will comply with this Notice:

- All workforce members of Zerigo, including the ZerigoCare Guides.

## **III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

- **For Treatment:** we may use or disclose your protected health information to provide you with medical treatment or services or to assist those who are providing, coordinating, or managing your care. This applies to any disclosures made for treatment purposes to healthcare providers both within and outside of Zerigo. *Example:* Your health information may be used by our Zerigo personnel to provide services to you. We may also share your progress information or other health information with a third-party payer.
- **For Payment:** we may use or disclose your protected health information to create billings and obtain payment for our services from insurance companies and other payers. This may include providing information such as symptoms, progress in treatment and diagnosis of conditions. *Example:* Your health information may be released to an insurance company to obtain payment for services.
- **For Health Care Operations:** we may use your protected health information for uses necessary to improve and run our healthcare businesses, such as to conduct quality assessment activities, train, and license staff, and prepare for legal and regulatory reviews, *Example:* we may use your health information to conduct internal audits to verify proper billing procedures, or we may reachout to you for feedback on our services in order to improve them.
- **To Business Associates:** we may share your protected health information with “Business Associates,” as defined by HIPAA, to provide services to or on behalf of Zerigo.
- **Appointment Reminders, Test Results, Treatment Alternatives, etc.:** we may use your protected health

information to contact you to remind you about appointments, to inform you about test results or to advise you of treatment alternatives.

- **Health-Related Benefits and Services:** we may use your protected health information to advise you of health-related benefits and services provided by us that may be of interest to you, including educational lectures, special events and support groups.
- **Individuals Involved in Your Care or Payment for Your Care:** unless you tell us you object, we may use or disclose your protected health information to notify a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.
- **As Required by Law:** we will disclose your protected health information where required by applicable federal state or local law. *Example:* federal law may require your health information to be released to an appropriate health oversight agency, public health authority or attorney.
- **Public Health and Safety:** we may use and disclose your health information to prevent or control a serious threat to the health and safety of you, others, or the public and for public health activities, such as to prevent injury. *Example:* California law requires us to report birth defects and cases of communicable disease.
- **Food & Drug Administration (“FDA”) and Health Oversight Agencies:** we may disclose health information about incidents related to food, supplements, product defects, or post-marketing surveillance to the FDA and manufactures to enable product recalls, repairs, or replacements; and to health oversight agencies for activities authorized by law, such as audits.
- **Lawsuits/Disputes:** if you are involved in a lawsuit/dispute, and have not waived the physician-patient privilege, we may disclose your protected health information under a court/administrative order, subpoena, or discovery request after attempting to inform you of the request.
- **Workers’ Compensation:** we may use or disclose medical information about you for workers’ compensation or similar programs as authorized or required by law.
- **Law Enforcement Activities:** we may be required to disclose protected health information to law enforcement officials. For example, we may release protected health information to law enforcement officials in response to a valid court order, grand jury subpoena or search warrant.

#### IV. OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Except as described in this Notice, Zerigo will not use or disclose your protected health information without your specific written authorization. We will obtain your written authorization for: (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of health information for marketing purposes, as defined by HIPAA; and (iii) disclosures that constitute a sale of PHI, as defined by HIPAA. If you authorize us to use or disclose your health information for another purpose, you may revoke your authorization, in writing, at any time. Your revocation will be effective upon receipt and Zerigo will no longer be allowed to use or disclose protected health information for the purposes described in the authorization except to the extent that Zerigo had already taken action based upon the past authorization.

#### V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the rights described below in regard to the protected health information that we maintain about you. You must submit a written request to exercise any of these rights. You may obtain forms for making such a request by contacting the Privacy Officer at the number or address below.

- **Right to Inspect/Obtain a Copy:** you have the right to inspect and receive a copy of your protected health information, maintained by Zerigo in the designated record set, and used in decisions about your care. This right does not apply to psychotherapy notes and certain other information. We may charge you a reasonable cost for the same to cover the costs of copying, postage and/or preparation of a summary. We may deny your request to some or all of the requested information in certain circumstances. You may request that a licensed healthcare professional, chosen by us, review our denial and we agree to comply their decision.
- **Right to Amend:** if you believe the protected health information, we maintain pertaining to you is inaccurate or incomplete, you may ask us, through a written request, to amend the information. You must provide a reason for

the requested amendment in your request. We cannot delete or destroy any protected health information already included in your medical record. We may deny your request if you ask to amend information that: (i) we did not create (unless the person or entity that created the information is not available to make the amendment); (ii) is not part of the designated record set containing your protected health information we maintain; (iii) is not part of the information you are permitted by law to inspect and copy; or (iv) is accurate and complete. If we deny your request for an amendment, we will give you a written explanation of the denial. If you still disagree with the explanation provided, you can submit your written disagreement to Zerigo as referenced above, or you can ask that your request for amendment and explanation of the denial, or an accurate summary of such information, be included in any future disclosure of the pertinent protected health information or designated record set. If you submit a statement of disagreement to Zerigo, we may include a rebuttal statement addressing your statement of disagreement in the designated record set.

- **Right to Accounting of Disclosures:** you have the right to ask for a list or “accounting” of disclosures we have made of your protected health information. We are not required to list all disclosures, such as: (i) those you have authorized; (ii) disclosures made for treatment, payment, health care operations; (iii) disclosures to person(s) involved in your healthcare; (iv) disclosures incident to a use or disclosure that is otherwise permitted or required by law; and (v) disclosures made for national security or intelligence purposes.

**To obtain an accounting of disclosures you must submit a written request to Zerigo and address the request to the Zerigo Privacy Officer. Your request must state a time period. The first list requested within a 12-month period shall be provided at no cost. Additional requests during the same 12-month time period will require payment of a charge for costs incurred in compiling and providing the list of disclosures.**

- **Right to Request Restrictions:** you have the right to request a restriction or limit how we use or disclose your health information. You must be specific in your request for restriction. We are not required to comply with your request, except when you request that we restrict disclosure of your health information to a health plan for a health care item or service for which you have paid out-of-pocket in full and the disclosure is for the purpose of carrying out payment or health care operations, and not otherwise required by law.

- **Right to Request Confidential Communications:** you have the right to request, in writing, that we contact you about medical issues in a certain way, such as by mail, or at alternative locations. You must specify how or where you wish to be contacted; we will try to accommodate reasonable requests.

- **Right to a Copy of This Notice:** you have the right to obtain a paper or electronic copy of this notice upon request, even if you have agreed to receive the notice electronically. To obtain a copy of this notice, submit a written request to Zerigo, addressed to the attention of the Zerigo Privacy Officer at the below contact information.

## VI. CHANGES TO OUR PRIVACY PRACTICES

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for all your health information, even if it was created prior to the change in the Notice. Revised Notices will be posted and available on our website at: <https://zerigohealth.com/privacy-policy.html>

## VII. COMPLAINTS

If you want to file a complaint or express concerns regarding Zerigo’s use or disclosure of your protected health information, please contact Zerigo at:

Zerigo Health Inc.  
10201 Wateridge Circle, Suite 200  
San Diego, CA 92121  
1-877-520-5697  
[support@zerigohealth.com](mailto:support@zerigohealth.com)

If you believe any of your privacy right have been violated, you may file a written complaint with the U.S. Department of Health and Human Services – Office for Civil Rights at:

Office for Civil Rights  
U.S. Department of Health and Human Services

200 Independence Avenue S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

Zerigo honors your right to express concerns regarding your privacy. Zerigo will not take any action against you for filing a complaint.

**VIII. EFFECTIVE DATE**

This Notice is effective as of 9/28/2021.