

Privacy Notice

THIS DOCUMENT PROVIDES INFORMATION ON HOW YOUR MEDICAL DETAILS MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. KINDLY REVIEW CAREFULLY.

WeightRx, Inc. along with its associated professional entities, is committed to maintaining the confidentiality of patient's medical data. This Privacy Notice ("Notice") describes the ways we might use and share your medical information, and your rights concerning your medical information. This Notice is delivered in compliance with the Health Insurance Portability and Accountability Act of 1996 and its related regulations ("HIPAA").

OUR OBLIGATIONS

Under the law, we are required to: (i) safeguard your medical data; (ii) provide this Notice specifying our legal responsibilities and privacy practices concerning your medical data; (iii) adhere to the terms of this Notice; and (iv) inform you in the case of a breach of your unsecured medical data.

We reserve the right to revise the terms of this Notice, applying the new Notice provisions to all medical data that we maintain. If we alter the terms of this Notice, the updated Notice will be available upon request and displayed at our premises. You can acquire the current Notice by getting in touch with our Privacy Officer.

USES AND DISCLOSURES WITHOUT YOUR CONSENT

The following categories explain different scenarios in which we might use and disclose medical data. For each category of uses or disclosures, we will clarify our intent and give an example. Not all possible uses or disclosures are listed, but all our allowed uses and disclosures of medical data fall within these categories.

Treatment: We may use and share your medical data to deliver, coordinate and manage your treatment, health care or other related services. For instance, we might disclose your medical information to your primary care physician or other involved provider. We might also use your medical data to remind you of a forthcoming appointment.

Payment: To bill or obtain payment for the services provided, we may use and disclose your medical data as necessary. For instance, we might contact your health plan to establish whether it will authorize payment for our services or to ascertain your co-payment or co-insurance amount.

Health Care Operations: For our general business activities or certain business operations, we may use or disclose your medical data. These activities include, but aren't limited to, training and education, quality assessment/improvement activities, risk management, claims management, legal consultation, licensing, and other business planning activities. For instance, we might use your medical data to assess the quality of care we deliver.

Family and Friends: We may share your medical data with a family member or friend involved in your medical care or someone who assists in paying for your care. We might also use or disclose your medical data to notify (or aid in notifying) a family member, legally authorized representative or other individual responsible for your care about your location, general condition or death. If you are a minor, we may disclose your medical data to your parents or legal guardians as permitted or required under federal and relevant state law.

Third Parties: We may disclose your medical data to third parties with whom we contract to perform services for us. If we disclose your data to these entities, we will have an agreement with them to protect your information. Examples of these third parties include, but aren't limited to, accreditation agencies, management consultants, quality assurance reviewers, collection agencies, transcription services, etc.

Required by Law: As required by law, we may use or disclose your medical data. Any such use or disclosure will be in compliance with the law and limited to what the law requires.

Public Health Activities: For public health activities, we may disclose your medical data. These activities generally include the following:

- Preventing or controlling disease, injury or disability
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products

Notifying individuals of product recalls they may be using

Notifying an individual who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Notifying the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law to make the disclosure.

Health Oversight Activities: To a health oversight agency for activities authorized by law, we may disclose your medical data. These oversight activities might include audits, investigations, proceedings or actions, inspections, and disciplinary actions, or other activities necessary for proper oversight of the health care system, government programs and compliance with applicable laws.

Law Enforcement: In very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report crime-related deaths, and to report crimes occurring on our premises, we may disclose your medical data to law enforcement.

Judicial and Administrative Proceedings: In response to an order from a court or administrative tribunal as expressly authorized by such an order, we may disclose information about you.

To Avert a Serious Threat to Health or Safety: When necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person, we may use or disclose your medical data. Any disclosure would only be made to someone able to help prevent the harm threat.

Disaster Relief Efforts: To an authorized public or private entity to aid in disaster relief efforts, we may use or disclose your medical data. You may have the chance to object unless it would hinder our ability to respond to emergency situations.

Coroners, Medical Examiners and Funeral Directors: Consistent with applicable law, we may disclose medical data to coroners, medical examiners and funeral directors only to the extent necessary to aid them in performing their duties.

Organ and Tissue Donation: Consistent with applicable law, we may disclose medical data to organizations that handle organ, eye or tissue donation or transplantation, only to the extent necessary to facilitate organ or tissue donation or transplantation.

Research: Under certain circumstances, for research purposes, we may also use and disclose information about you. All research projects are subject to a special approval process through an appropriate committee.

Workers' Compensation: As authorized by law to comply with workers' compensation laws and similar programs established by law, we may disclose your medical data.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical data as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical data to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Correctional Institutions: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official data necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the institution's premises, and the administration and maintenance of the safety, security and good order of the institution.

USES AND DISCLOSURES REQUIRING YOUR CONSENT

If we intend to use or disclose your medical data for a purpose not included in this Notice, we will seek your consent. Examples of uses and disclosures of medical data requiring your consent include: (i) most uses and disclosures of your medical data for marketing purposes; (ii) disclosures of your medical data constituting the sale of your medical data; and (iii) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record). You may revoke a consent in writing at any time, except to the extent that we have already acted based on your consent.

YOUR RIGHTS REGARDING YOUR MEDICAL DATA

Inspect and/or obtain a copy of your medical data. You have the right to inspect and/or obtain a copy of your medical data kept in a designated record set. If we maintain your medical data electronically, you may obtain an electronic copy of the data or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your medical data, you must submit a written request to our Privacy Officer. If you request a copy (paper or electronic) of your medical data, we may charge you a reasonable, cost-based fee.

Request a restriction on certain uses and disclosures of your medical data. You have the right to request that we not use or disclose any part of your medical data for treatment, payment or health care operations purposes. While we will consider your request, we are only required to agree to restrict a disclosure to your health plan for purposes of payment or health care operations (but not for treatment) if the data pertains solely to a health care item or service for which we have been paid out of pocket in full. If we agree to a restriction, we will not use or disclose your medical data in violation of that restriction unless it is needed to provide emergency treatment. We will not agree to restrictions on medical data uses or disclosures that are legally required or necessary to manage our business. To request a restriction, you must submit a written request to our Privacy Officer.

Request confidential communications. You have the right to request that we communicate with you in a specific way or at a specific location. For instance, you can ask that we only contact you at work or by mail. To request a confidential communication of your medical data, you must submit a written request to our Privacy Officer stating how or when you would like to be contacted. We will not require you to provide an explanation for your request. We will accommodate all reasonable requests.

Request an amendment to your medical data. If you believe that any information in your medical record is incorrect or if you believe that important information is missing, you may request that we amend the existing data. To request such an amendment, you must submit a written request to our Privacy Officer.

Request an accounting of certain disclosures. You have the right to receive an accounting of certain disclosures we have made of your medical data. To request an accounting, you must submit a written request to our Privacy Officer. The first accounting you request within a 12-month period will be provided free of charge. We may charge you for any additional requests in that same 12-month period.

Obtain a paper copy of this Notice. Upon request, you have the right to obtain a paper copy of this Notice, even if you agreed to accept this Notice electronically. To obtain a paper copy of this Notice, contact our Privacy Officer.

STATE LAW

We will not use or share your data if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws protecting HIV/AIDS data or mental health data. If a state law applies to us and is stricter or places limits on the ways we can use or share your health data, we will follow the state law. If you would like to know more about any applicable state laws, please ask our Privacy Officer.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions or want more information about this Notice or how to exercise your medical data rights, you may contact our Privacy Officer at: SUPPORT@weightrx.com.

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Office for Civil Rights: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. You may also send an email to: OCRMail@hhs.gov. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or us.