

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information may be used and disclosed and how you, as a Provider, can get access to this information. Please review it carefully.

We are committed to your privacy:

We understand that the information about your patient is very important. We are required by law to maintain the privacy of protected health information (“PHI”). We are also required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make a new Notice effective for all PHI we maintain.

You have the right to:

- Get a copy of the patient’s electronic medical record you have requested from us regarding your patient
- Request that we transmit the medical records through confidential communication standards and protocols
- File a complaint if you believe the privacy rights stated herein have been violated
- Be Notified Following a Breach of Unsecured Protected Health Information while under our custody and control

We may use and share the information as we:

- Run our organization
- Bill for the services we have provided to you
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to lawsuits and legal actions

When it comes to your patient’s health information, you have certain rights:

Get an electronic copy of your patient’s medical record

- After fulfilling your contractual obligation with us, you can receive an electronic copy of your patient’s medical records.
- We will provide a copy or a summary of your patient’s health information, usually within 3 days of your request. We may charge a reasonable agreed upon fee for a report combining the medical records with our data analytics to promote your patient’s assessment, treatment, and care.

Request confidential communications

- You can ask us to contact you in a specific way (for example, restricted servers 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 our business operations and use of information for permitted uses which you have previously or subsequently approved for us to use and as permitted by competent federal or state laws.

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.

File a complaint if you feel your rights as a Provider have been violated

- You can complain if you feel we have violated your rights by contacting us at:
- LifeWallet
Attn: HIPAA Privacy Officer
2701 S. Le Jeune Road, 10th Floor, Coral Gables, Florida 33134
Email: LifeChain@LifeWallet.Com.
- You can file a complaint with the U.S. Department of Health and Human Services Office 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 if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

How do we typically use or share your patient’s health information?

Run our organization:

- We can use and share your anonymized patient’s health information to run our business and improve healthcare. If your patient becomes a LifeWallet member the permissions that they grant us when joining the platform may be more than those granted by you to us. The permissions granted separately by the members of our LifeWallet platform shall prevail as to the relationship between LifeWallet and its members as being separate as to the relationship between LifeWallet and its providers utilizing our LifeChain product.

Help with public health and safety issues:

- We can share health information about your patients for certain situations such as:
 - Preventing disease

- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research:

- We can use or share your patient's information for health research.

Comply with the law:

- We will share information about your patient if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests:

- We can share health information about your patient with organ procurement organizations.

Work with a medical examiner or funeral director:

- We can share patient's health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests:

- We can use or share health information about your patient:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions:

- We can share health information about your patient in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your patient's protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your patient's information.
- We must follow the duties and privacy practices described in the notice currently in effect and give you a copy of it.
- We will not use or share your patient's information other than as described here unless you tell us we can in writing with proper authorization(s) from the patient that either the patient has authorized directly to us or that you have procured allowing you to use or share as stated in such authorization.

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, and on our website:

www.lifechain.com.

Further questions or comments should be sent to lifechain@lifewallet.com or LifeWallet, Attn.: LifeChain, 3150 S.W. 38 Avenue, 11th Floor Miami Gables, FL 33146.