

**Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you, and submitted to the platform, may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Protected Health Information (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present, or future payment for the provision of health care.

Your Rights Regarding Your PHI

You have the right to:

- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we have shared your information.
- Get a copy of this privacy notice.
- File a complaint if you believe your privacy rights have been violated.

Our Uses and Disclosures

We may use and share your information as we:

- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Conduct research.
- Comply with laws that may be in place now or in the future.

Your Rights

In most cases, you have the right to view or get a copy of your PHI. You also have the right to receive a list of instances where we have disclosed your PHI without your written authorization for reasons other than WayWiser operations. You may request in writing that we not use or disclose your PHI for our operations except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. You also have the right to receive confidential communications of PHI by alternative means or at alternative locations if you clearly state that disclosure of all or part of your PHI could endanger you.

You can complain if you feel we have violated your rights by contacting us at [support@waywiser.life](mailto:support@waywiser.life). You also may send a complaint to 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

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, visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://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 at [www.waywiser.life](http://www.waywiser.life).