

Health Insurance Portability and Accountability Act - Authorization

Authorization

Lemniska offers services, including but not limited to, helping you find and learn about nearby healthcare providers, book appointments with the healthcare provider(s) of your choice (“**Your Healthcare Provider**”) and providing your health history forms and other health-related information to Your Healthcare Providers (“**Lemniska Services**”). As part of providing the Lemniska Services, Lemniska may collect, use, share, and exchange your health history forms and other health-related information with Your Healthcare Providers. Under a federal law called the Health Insurance Portability and Accountability Act (“**HIPAA**”), health and health-related information may be considered “protected health information” or “**PHI**” if such information is received from or on behalf of Your Healthcare Providers.

Safeguards for PHI

HIPAA protects the privacy and security of your PHI by limiting the uses and disclosures of PHI by healthcare providers and health plans (called “**Covered Entities**”) as well as companies, like Lemniska, that provide certain types of assistance to Covered Entities (called “**Business Associates**”). Under certain circumstances described in HIPAA, an individual needs to sign an Authorization form before a Covered Entity, like Your Healthcare Provider(s), can disclose protected health information to a third party.

Non-Protected Health Information

As a condition of creating your Lemniska account, you are required to read and agree to Lemniska’s [Privacy Policy](#). Lemniska’s Privacy Policy explains how Lemniska processes and shares information received from you that is not covered by HIPAA (“**Non-PHI**”). This authorization has no affect on, or application to, Lemniska’s treatment of any of your non-PHI information.

Your PHI Authorization

The purpose of this Lemniska Authorization (“**Authorization**”) is to request your written permission to allow Lemniska to use and disclose your PHI in the operation of Lemniska’s business and to disclose your PHI to Your Healthcare Providers. Your PHI includes, but is not limited to your medical history, drug history, and doctor history.

By e-signing this Authorization, you give Lemniska permission to retain your PHI and to use same as necessary in the performance of Lemniska’s Services. Such use includes, but is not limited to, using your PHI for the following:

- enable and customize your use of the Lemniska Services;
- provide you alerts or other Lemniska Services regarding future appointments;

- notify you regarding providers we think you may be interested in learning more about;
- share information with you regarding services, products or resources about which we think you may be interested in learning more;
- provide you with updates and information about the Lemniska Services;
- market to you about Lemniska and third-party products and services;
- conduct analysis for Lemniska's business purposes;
- support development of the Lemniska Services; and
- create de-identified information and then use and disclose this information in any way permitted by law, including to third parties in connection with their commercial and marketing efforts.

You also agree that Lemniska can disclose your PHI to:

- third parties assisting Lemniska with any of the uses described above;
- Your Healthcare Providers to enable them to refer you to, and make appointments with, other providers on your behalf, or to perform an analysis on potential health issues or treatments, provided that you choose to use the applicable Lemniska Service;
- a third party as part of a potential merger, sale or acquisition of Lemniska;
- our business partners who assist us by performing core services (such as hosting, billing, fulfillment, or data storage and security) related to the operation or provision of our services, even when Lemniska is no longer working on behalf of Your Healthcare Providers;
- a provider of medical services, in the event of an emergency; and
- organizations that collect, aggregate and organize your information so they can make same more easily accessible to your providers.

Re-disclosure

If Lemniska discloses your PHI to a third party, except for a covered entity with its own HIPAA obligations and documentation, Lemniska will require that the person or entity receiving your PHI agrees to only use and disclose your PHI to carry out its specific business obligations to Lemniska or for the permitted purpose of the disclosure (as described above). Lemniska cannot, however, guarantee that any such person or entity to which Lemniska discloses your PHI or other information will not re-disclose your PHI in ways that you or we did not intend or permit.

Expiration and Revocation of Authorization

Your Authorization remains in effect until Lemniska receives a written notice of revocation from You.

YOU CAN CHANGE YOUR MIND AND REVOKE THIS AUTHORIZATION AT ANY TIME AND FOR ANY (OR NO) REASON.

If you wish to revoke this Authorization, you must notify Lemniska by submitting a revocation in writing through email at info@Lemniska.com. Your decision not to execute this Authorization or to revoke it at any time will affect your ability to use certain of the Lemniska Services. A Revocation of Authorization is effective once Lemniska receives the revocation. However, the revocation does not have any effect on Lemniska's prior actions taken in reliance on the Authorization before revocation.

Your revocation of this Authorization to Lemniska does not affect any authorization You may have entered with third parties, including Your Healthcare Providers.