

## **HIPAA AUTHORIZATION**

Bookndoc, Inc. (“Bookndoc”) helps patients access health care providers, manage health care appointments and reminders, and book appointments with health care providers.

Bookndoc manages and forwards health-related information to selected health care providers. As part of providing this service, Bookndoc may collect, use, share, and exchange your health-related information with selected health care providers. Under The Health Insurance Portability and Accountability Act (“HIPAA”), some of this health and health-related information may be considered “protected health information” or “PHI” if such information is received from or on behalf of providers who may be classified as Covered Entities. HIPAA protects how and with whom patients PHI can be disclosed and shared.

### **PURPOSE**

The purpose of this Bookndoc Authorization (“Authorization”) is to request written permission to allow Bookndoc to use and disclose your PHI in the same way as we use and disclose Non-PHI. If Bookndoc is a Business Associate of a Covered Entity (as those terms are defined under applicable law), then Bookndoc needs this Authorization to be able to use and disclose PHI in the same way it currently uses and discloses Non-PHI when Bookndoc is not working on behalf of covered entity but is instead working on its own behalf. Therefore, when Bookndoc relies on this Authorization, and uses and discloses PHI as described in this Authorization, it is not working as a Business Associate and the HIPAA requirements that apply to Business Associates will not apply to such uses and disclosures.

By signing, or electronically signing or “E-signing” this Authorization, you are acknowledging that you have read and understand this Authorization and that you consent, authorize, and give permission to Bookndoc to retain PHI and to use and/or disclose PHI in the same way that you have agreed that Non-PHI can be used and disclosed.

Specifically, Bookndoc can use PHI to:

- track and schedule your appointments with selected health care providers;
- notify health care providers of requested and scheduled appointments;
- enable and customize help develop the use of the Bookndoc Services (as defined in our Terms of Use);
- provide updates and information about Bookndoc and the Bookndoc Services;
- show health care providers your prior appointment history on and through the Bookndoc Services;
- provide alerts and reminders about future appointments;
- share information regarding services, products or resources about which Bookndoc thinks you may be interested in learning more;
- advertise and market the Bookndoc Services;
- conduct analysis for Bookndoc’s business purposes;

- 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.

This Authorization also allows Bookndoc to disclose PHI to:

- third parties assisting Bookndoc with any of the uses described above;
- a third party as part of a potential merger, sale or acquisition of Bookndoc; and
- 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 Bookndoc is no longer working on behalf of Covered Entities.

### **AUTHORIZATION**

1. I hereby authorize Bookndoc to use and/or disclose my PHI, as described in this Authorization, to those health care providers that I request an appointment with through the Bookndoc Services, and as otherwise described in this Authorization.
2. The PHI that may be used and/or disclosed pursuant to this Authorization, includes my name, medical condition or stated reason for seeking an appointment with a health care provider, my health insurance information, preferences and/or choices in health care providers and specialty, history of appointments on the Bookndoc Service, the reason or purpose behind or related to my appointments, or requested appointments with health care providers, phone number, email address, geographic location, appointment availability, and whether I ultimately make an appointment with a health care provider.
3. This Authorization shall remain in effect until one hundred and eighty (180) days following your most recently scheduled appointment.
4. The health care provider receiving PHI under this Authorization will not receive direct or indirect remuneration in exchange for disclosing the health information.
5. I understand that I have the right to revoke this Authorization at any time, except to the extent that Bookndoc and my chosen health care provider has acted in reliance upon it, by sending written notification to: Bookndoc, Inc. – 447 Broadway 2<sup>nd</sup> FL #486, NYC, New York 10013.
6. I understand that I have the right to refuse to sign this Authorization and not utilize the Bookndoc Services.
7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this Authorization.
8. I understand that PHI used or disclosed pursuant to this Authorization may be redisclosed by the recipient and its confidentiality may no longer be protected by federal or state law.