



COLOR HEALTH, INC.
831 Mitten Road, Suite #100
Burlingame, CA 94010

Color Health HIPAA Notice of Privacy Practices

Last Updated: October 1, 2023

1. SCOPE AND UPDATES TO THIS NOTICE

This HIPAA Notice of Privacy Practices (“Notice”) describes how Color Health, Inc. and its affiliates (collectively, “Color,” “we,” “us,” or “our”) may use and disclose your protected health information (“PHI”) when it acts as a covered entity or a business associate under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and how you can get access to this PHI. Please review this Notice carefully.

Supplemental Notices. Color may provide additional privacy notices to individuals at the time we collect their PHI. These additional privacy notices may supplement this Notice or may apply in lieu of this Notice.

Notice Regarding Organizational Customer PHI. In some cases, our Organizational Customer or partner (e.g., an enterprise, union, trust, employer, public sector organization, educational institution, laboratory or other) may enter into a written agreement with us where we act as a business associate and process protected health information on their behalf through their use of our services (“Organizational Customer PHI”). In the event of any inconsistency or conflict between this Notice and an Organizational Customer’s privacy notice, the Organizational Customer’s privacy notice shall govern their use and disclosure of Customer PHI and our processing of Customer PHI will be governed by the business associate agreements that we have in place with that customer. Any questions or requests relating to Customer PHI should be directed to our customer or partner.

Changes to our Notice. We reserve the right to change the terms of this Notice, and the changes will apply to all PHI we have about you. The new Notice will be available upon request, in our office, and on our website.

This Notice should be read in conjunction with our Terms of Service, Privacy Notice, and any other document or agreement that governs your relationship with us. By using our Services, you consent to our Terms of Service and the privacy practices disclosed in this Notice. Please do not use our Services if you do not consent.

2. USE AND DISCLOSURE OF PHI

Color uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our healthcare operations. Some examples of how we may use or disclose your PHI that do not require your authorization are listed below.



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A. Treatment

We can use your PHI to assess, screen, test, and otherwise treat you or connect you with treatment, and share it with other clinical and non-clinical professionals who are part of the efforts to treat you. For example, a doctor treating you for an illness asks another doctor about your overall health condition or a care advocate scheduling an appointment for you reaches out to a doctor's office to make the appointment on your behalf.

B. Payment

We can use and share your PHI to bill and collect payment from health plans, payers, or other entities. For example, if we bill your health insurance, we give PHI about you to your health insurance plan so it will pay for your services.

C. Healthcare Operations

We can use and share your PHI to administer and support our business activities or those of other healthcare organizations (as allowed by law), including providers and plans. For example (and without limitation), we may use your PHI to conduct cost & quality analysis, population management, data aggregation, review and improve our services and the care you receive, and to provide training.

D. Other Uses and Disclosures

We may also use or disclose your PHI for legal and/or governmental purposes in the following circumstances:

As Required by Law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to demonstrate compliance with federal privacy law, and under workers' compensation laws.

Public Health and Safety: To an authorized public health authority or individual to:

Protect public health and safety.

Prevent or control disease, injury, or disability.

Report vital statistics such as births or deaths.

Help with product recalls.

Investigate or track problems with prescription drugs and medical devices.

Abuse or Neglect: To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.

Minors: In general, parents and legal guardians are legal representatives of minor patients. However, in certain circumstances, as dictated by state law, minors can act on their own behalf and consent to their own treatment. In general, we will share the PHI of a patient who is a minor with the minor's



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parents or guardians, unless the minor could have consented to the care themselves (except where parental disclosure may be required per applicable law).

Oversight Agencies: To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.

Legal Proceedings: In the course of any legal proceeding or in response to an order of a court or administrative agency and in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: To law enforcement officials in certain circumstances for law enforcement purposes. By way of example and without limitation, disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.

Health Information Exchanges: We may participate in health information exchanges (“HIEs”) and may electronically share your PHI for treatment, payment and healthcare operations purposes with other participants in the HIEs. HIEs allow us, and your other healthcare providers and organizations, to efficiently share and better use information necessary for your treatment and other lawful purposes. In some states, the inclusion of your PHI in an HIE is voluntary and subject to your right to opt-in or opt-out; if you choose to opt-in or not to opt-out, we may provide your PHI in accordance with applicable law to the HIEs in which we participate.

Financial Information: We may ask you about income or other financial information to determine if you may qualify for a low income waiver for services where applicable. We may use this information for operations, marketing (when permitted by law), administrative purposes, and to improve our service offerings.

Research: We will not use your PHI to conduct research without your consent. We may use your PHI to determine your eligibility for research, including medical, clinical, and public health research, and/or to contact you to seek your consent to use or share your PHI for research. You will not be paid for this use.

Veterans Affairs and National Security: To the extent required by law, to the Department of Veterans Affairs or in connection with national security.

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 information 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 premises of the institution and the administration and maintenance of the safety, security and good order of the institution.

We may also use or disclose your PHI in the following circumstances:

Contacting You Directly: We may use your PHI, including your email address or phone number, to contact you in connection with Services. For example, we may also use this information to send you appointment reminders and other communications relating to your testing and treatment, or let you know about treatment alternatives, participant feedback, research opportunities, or other health related services or benefits that may be of interest to you, via email, phone call, or text message.

Your Color Account: We may make PHI, such as information about testing or treatment, appointment histories and medication records, accessible to you through digital tools, such as email



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or your Color online account, or vendor platforms. When we engage vendors to process your PHI, Color complies with all applicable HIPAA regulations.

Family and Friends: To a member of your family, a relative, a close friend—or any other person you identify who is directly involved in your healthcare—when you are either not present or unable to make a healthcare decision for yourself and we determine that disclosure is in your best interest.

We will also assume that we may disclose PHI to any person you permit to be physically present with you as we discuss your PHI with you during that discussion, unless you tell us otherwise.

Services Description and Alternatives: To communicate with you about our services, options, features, educational materials, requests for feedback, webinars, events or alternatives, as well as health-related benefits or services that may be of interest to you, or to describe our services to you.

De-identified and/or Aggregated Information: We may use your PHI to create de-identified and/or aggregated information, such as demographic information, information about health or wellness, or other analyses we create. De-identified and/or aggregated information is not PHI, and we may use and disclose such information in a number of ways, including research, internal analysis, analytics, publications, making de-identified and/or aggregated information available to third parties, and any other legally permissible purposes.

Coroners, Funeral Directors, and Organ Donation: To coroners, funeral directors, and organ donation organizations as authorized by law.

Disaster Relief: To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.

Threat to Health or Safety: To avoid a serious threat to the health or safety of yourself and others.

3. USE AND DISCLOSURE OF YOUR PHI THAT WOULD REQUIRE YOUR AUTHORIZATION

Color is committed to patient privacy and data security, and your PHI will not be shared without your authorization outside of the purposes and audiences listed above in this Notice. This means Color commits to the following:

Color will not share your PHI with parties or audiences other than those described above, unless you grant authorization for such a disclosure.

Color will not sell your PHI for third-party advertising purposes, except, as described above, we may contact you about our own services, events, and to improve our offerings.

Color will not use your PHI to conduct research without your consent.

In some situations, for example most sharing of psychotherapy notes, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. In these situations, we will comply with the more stringent state laws pertaining to such use or disclosure. If you have questions about these laws, please contact Color as set forth below.

4. YOUR RIGHTS

Under HIPAA, you have the right to:



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Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other PHI we have about you. Ask us how to do this.

We will provide a copy or a summary of PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct PHI about you that you think is incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days of your request.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that PHI for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared PHI

You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information set forth below.

You can file a complaint with 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/.

We will not retaliate against you for filing a complaint.

5. YOUR CHOICES



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For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your PHI tell us what you want us to do, and we will aim to follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care;

Share information in a disaster relief situation; and/or

Include your information in a directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.

6. OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your PHI.

We are required by law to notify you in the case of a breach of unsecured PHI.

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 PHI 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 see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

7. CONTACT US

If you have any questions about our privacy practices or this Notice, or to exercise your rights as detailed in this Notice, please contact us at:

Color Health, Inc.
Attention: Legal Department
831 Mitten Rd.
Burlingame, CA U.S.A., 94010
Email: support@color.com