
NAVVISA NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: June 1, 2022

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

Navvisa, Inc. ("Navvisa") and the members of its workforce are committed to protecting the privacy and confidentiality of your personal information and health information.

OUR COMMITMENT

Navvisa is committed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to keep your personal health information ("Protected Health Information") confidential. This notice describes the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your Protected Health Information may be used and disclosed for treatment, payment, healthcare operations and other purposes permitted or required by law.

Navvisa may use and disclose your Protected Health Information for the following purposes:

TREATMENT

We may use or disclose your Protected Health Information to provide oncology navigation and wellness coaching as part of our Navvisa service offerings. We may disclose information to doctors, your cancer care team, or other healthcare providers who are involved in taking care of you and your health.

PAYMENT

We may use and disclose health information about you so that the health services you receive may be billed to and payment may be collected from you. Navvisa services that are contracted by your employer may be provided to you at no cost.

HEALTHCARE OPERATIONS

We may use and disclose health information about you for activities necessary to support, operate, and improve the Navvisa products and services. For example, we may use your Protected Health Information to monitor and/or improve the quality of our telehealth services, review the competence

and qualifications of our nurses, and respond to your questions and inquiries. We may de-identify your Protected Health Information to remove personal information that identifies you (for example your name, date of birth, or medical record number) in order to develop and improve our products and services to better serve you.

BUSINESS ASSOCIATES

We may disclose your Protected Health Information to other companies or individuals, known as "Business Associates," who provide services to us. For example, we may use a company to provide electronic medical record-keeping and secure messaging services on our behalf. Our Business Associates are required to protect the privacy and security of your Protected Health Information and notify us of any improper disclosure of information.

PERSONS INVOLVED IN YOUR CARE OR PAYMENT FOR CARE

We may disclose limited Protected Health Information to a family member or other individual involved in your care or payment for your health care.

PERSONAL REPRESENTATIVES

We may disclose Protected Health Information about you to an authorized personal representative, such as a lawyer, administrator, executor, or other authorized person responsible for you or your estate.

THREAT TO HEALTH AND SAFETY

We may disclose Protected Health Information to prevent or reduce the risk of a serious and imminent threat to your health or safety, or to the health and safety of another person or the general public.

COMMUNICATIONS ABOUT OUR PRODUCTS AND SERVICES

We may use and disclose your Protected Health Information to contact you about other Navisa products and services which we believe may be of interest to you.

LAW ENFORCEMENT

We may disclose your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order, warrant, subpoena, summons, or other legal process for locating a suspect, fugitive, witness, missing person, or victim of a crime.

AS REQUIRED BY LAW

We must disclose your Protected Health Information when required to do so by any applicable federal, state or local law.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

Under certain circumstances, we may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a court order, subpoena, or other lawful process.

RESEARCH

Under certain circumstances, we may use or disclose your Protected Health Information for research purposes. Research projects at Navvisa may be subject to review by a committee responsible for ensuring the protection of individual research subjects, patient authorization, and an adequate plan to safeguard Protected Health Information. In preparation for research, we may review limited Protected Health Information to draft research protocols and to identify prospective research participants.

HEALTH AND GOVERNMENT AGENCIES

As permitted by HIPAA, we may also disclose your PHI to:

- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents

ALL OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will ask for your written authorization before using or disclosing your Protected Health Information for any purpose not described above. You may revoke your authorization, in writing, at any time, except for disclosures that the company has already acted upon or are required by law. Navvisa will never sell your Protected Health Information to third-parties or use your identifiable information for marketing purposes unless you provide written authorization that explicitly authorizes such use.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your Protected Health Information. To exercise any of these rights, please send a written request to our Privacy Office using the contact information provided at the end of this Notice.

RIGHT TO ACCESS PROTECTED HEALTH INFORMATION

You, or your authorized or designated personal representative, have the right to inspect or copy the Protected Health Information maintained by us. You also have the right to have us send an electronic copy of your medical record to a third party.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your Protected Health Information by alternative means or to an alternative address, email, or phone number. Your request must be in writing and must specify the alternative means or location.

RIGHT TO CORRECT OR UPDATE INFORMATION

If you believe the Protected Health Information we maintain about you contains an error, you may request that we correct or update your information. Your request must be in writing and must explain why the information should be corrected or updated. We may deny your request under certain circumstances and provide a written explanation.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You may request a list, or accounting, of certain disclosures of your Protected Health Information made by us or our business associates for purposes other than treatment, payment, healthcare operations and certain other activities. The request must be in writing and state a time period, which may not be longer than the prior six years.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on our use and disclosure of your Protected Health Information. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction except for Payment or Operations restrictions where payment has been made "out-of-pocket" and "paid-in-full."

RIGHT TO A COPY OF THIS NOTICE

Upon request, you may obtain a paper or electronic copy of this Notice.

INFORMATION BREACH NOTIFICATION

We will notify you following the discovery of a breach of your unsecured Protected Health Information, unless there is a demonstration, based on a risk assessment, that there is a "low probability" that the Protected Health Information has been compromised. You will be notified in a timely fashion, no later than 60 days after discovery of the breach.

QUESTIONS AND COMPLAINTS

If you have questions or concerns about our privacy practices or would like a more detailed explanation about your privacy rights, please contact our Privacy Office using the contact information below.

If you believe that we may have violated your privacy rights, you may submit a complaint to our Privacy Office. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. Navvisa will not take retaliatory action against you and you will not be penalized in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We will promptly post any changes to this Notice on our website or otherwise provide them to you.

CONTACT INFORMATION

When communicating with us regarding this Notice, our privacy practices, or your privacy rights, please contact the Privacy Office using the following contact information:

Attn: Privacy Officer
Navisa, Inc.
3372 Woodside Rd
Woodside, CA 94062
privacy@navvisa.com
