



NOTICE OF PRIVACY PRACTICES FOR CARESPAN INTERNATIONAL, INC. AND CARESPAN USA, INC.

PLEASE REVIEW CAREFULLY. If you have questions, you may send them to info@carespanhealth.com.

CareSpan International, Inc. and CareSpan USA, Inc. (“CARESPAN”) respect the privacy of each and every person and is committed to protecting all of your personal and medical information. This Notice describes how medical information about you may be used, how it may be disclosed and how you can obtain access to this information. This page will serve as a Notice of your privacy rights. The law requires that your medical information be kept private. We must give you this Notice about our privacy practices and follow these practices.

I. INTRODUCTION

CARESPAN is a company that provides an Internet-based healthcare clinic that let's the consumer consult with their physician via real time live video feed, keeps an electronic health record for patients and their doctors, and supplies various hardware and software tools to patients and doctors to facilitate medical care.

II. INFORMATION THAT MAY BE COLLECTED

In order to use CARESPAN and its services, you are asked to enter an e-mail address identifier and password, which we refer to as your CARESPAN ID or credentials. After you create your CARESPAN ID, you can use the same credentials to sign in to this service at any time. This sign-on process will allow you to manage your profile and/or account, it will allow you to search physicians, make appointments, attend appointments, etc.

The first time you sign in to the CARESPAN Service, you will be asked to create an account also known as your profile. To create an account, you must provide personal information such as name, address, telephone number, date of birth, e-mail address, gender, and other pertinent data that will be used by your provider.

CARESPAN will use the e-mail address you provide when you create your account to send you an e-mail requesting that you validate your account. Your e-mail address may also be used by CARESPAN to provide appointment reminders, changes in appointments, messages from your physician, or health related programs as described in this privacy statement.

As any medical office, CARESPAN creates a record of the care and services you receive. Some examples of the information collected or created through this process are video files associated with all consultations, electronic medical records that may be uploaded or created as a result of treatment, and medical test results.

III. HOW INFORMATION ABOUT YOU MAY BE USED BY CARESPAN

CARESPAN will use information gathered primarily for medical treatment the use of which is

discussed in Section IV of this Privacy Notice. However, in other instances non-personal information collected may be used for statistical analysis, improvement of services, and customization of web design, content layout and services.

IV. HOW SECURITY IS HANDLED AT CARESPAN

CARESPAN is not only U. S. HIPPA law compliant but additionally utilizes the latest technologies to ensure security. CARESPAN uses several layers of firewall security and different degrees of encryption for each customer's sensitive personal data ensuring the highest of secure environments.

V. PRIVACY RIGHTS

CARESPAN adheres to international laws and regulations regarding patient information security, privacy and confidentiality, including the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA), which guarantees your privacy rights. This Notice applies to our various sites of service. If you ask, we will give you a list of our sites that are subject to this Notice. These sites include their employees, staff, trainees, volunteer groups and other health care workers. We may share medical information with each other for treatment, payment and operational purposes. The law allows us to do so to provide efficient health care services.

(a). Your Rights Concerning Your Medical Information

You have the right to look at and to get a copy of your medical information. CARESPAN may charge a fee for this service. You may ask us to change any medical information that you think is wrong or incomplete. You may have a list of certain disclosures we have made about you. You may ask us to communicate with you in special ways. You may ask for restrictions on the information we share about you. If you think your privacy rights have been violated, you have the right to complain to us and to government authorities. You have the right to a paper copy of this Notice. We reserve the right to make changes to this Notice. We will post a current Notice online, and in the locations where you receive services.

(b.) Our Pledge Regarding Medical Information

We know that your medical information is personal. We will protect your medical information. We create a record of the care and services you receive through CARESPAN. We need this record to give you complete and comprehensive care. We also need this record to comply with the law. This Notice applies to records we create for your care at CARESPAN.

This Notice tells you about the ways that we may use and share your medical information. It also describes your rights.

We are required by law to make sure that medical information that identifies you is kept private, give you this Notice of our legal duties and privacy practices concerning your medical information, and follow the terms of this Notice currently in effect.

(c.) How We May Use and Share Your Medical Information

We may use and share your medical information as listed below. Not every possible use or disclosure will be listed. However, all of the ways we may use and share information falls into one of these areas.

* ***For Treatment.*** We may use your medical information to give you medical care. We may share your medical information with doctors, nurses, technicians, students or other CARESPAN workers. For example, departments may share your medical information to plan your care. This may include prescriptions, lab work, and x-rays. We may share your medical information with people not at CARESPAN. This may include referring physicians and home health care nurses or medical technicians who are treating you.

* ***For Payment.*** We may use and share your medical information with others who help pay for your care, except that we will not share your personal health information with your employer without your written authorization.

* ***For Health Care Operations.*** We may use and share your medical information for our operations. These uses and disclosures help us run our programs and make sure our patients receive quality care. For example, we may use medical information to review our treatment and services. We may use medical information to measure the performance of our staff and how they care for you. We may share medical information with doctors, nurses, technicians, students, and other health care workers for teaching purposes.

* ***Business Associates.*** We may contract with outside businesses to provide some services for us. For example, we may use the services of transcription, laboratories or collection agencies. Under such contracts, we may share your medical information with them to do the job we have asked them to do. These contracts require businesses to protect the medical information we share with them.

* ***Appointment Reminders.*** We may contact you to remind you about your appointment for medical care.

* ***Treatment Alternatives.*** We may use and share medical information to tell you about different types of treatment available to you. We may use and share medical information to tell you about other benefits and services related to your health.

* ***People Involved In Your Care.*** Unless you ask us not to, we may share your medical information with a family member or friend who helps with your medical care. We may share your medical information with a group helping with disaster relief efforts. We do this so your family can be told about your location and condition. If you are not present or able to say no, we may use our judgment to decide if sharing your information is in your best interest.

* ***Research.*** As a support of telemedicine and e-health initiatives, we may use and share your medical information for research. We will only use and share information for research if we get your consent, or if a review committee that meets international standards says we do not need your consent.

* ***As Required By Law.*** We will share your medical information when required to do so by federal, state or local law.

* ***To Prevent A Serious Threat To Health Or Safety.*** We may use and share your medical information to prevent a serious threat to your health and safety and that of others. We will only share your medical information with persons who can help prevent the threat.

(d.) How We May Use and Share Your Medical Information—Special Situations

* ***Military.*** If you are in the U.S. or foreign armed services, we may share your medical information as required by the proper military authorities.

* ***Workers' Compensation.*** We may share your medical information for workers' compensation or programs like it. We may do this to the extent required by law.

* ***Public Health Risks.*** We may share your medical information for public health activities. We may do so as required by law. For example, we may share your medical information:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medicines or problems with products;
- to tell you about product recalls;
- to tell you if you have been exposed to a disease or may be at risk for catching or spreading a disease or condition;
- to tell the proper government department if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only share this information when ordered or required by law.

* ***Health Oversight Activities and Registries.*** We may share your medical information with government agencies that oversee health care. We may do so for activities approved by law. For example, these activities include: audits, investigations, inspections and licensure surveys. The government uses these activities to monitor the health care system. It also monitors the outbreak of disease, government programs, compliance with civil rights laws, and patient outcomes. We may share medical information with government registries.

* ***Lawsuits and Disputes.*** If you are in a lawsuit or a dispute, we may share your medical information in response to a court order, legal demand or other lawful process.

* ***Law Enforcement.*** We may share medical information if asked to do so by a law enforcement official:

- to report certain types of wounds;
- to respond to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime, if under certain limited circumstances, we are unable to obtain the victim's agreement;

* ***National Security.*** We may share your medical information with the proper federal officials for national security reasons.

(e.) Your Rights Regarding Medical Information About You. You have the following rights regarding medical information we maintain about you:

* ***Right To Inspect and To Receive Copies.*** You have the right to look at and to receive copies of the medical information used to make decisions about your care. Usually, this includes medical and billing records. It does not include some records such as psychotherapy notes. To look at and to receive copies of medical information used to make decisions about you, you must submit your request in writing. We may charge a fee for the costs of processing your request. Contact CARESPAN customer service for more information

* ***Right To Amend.*** If you think that medical information we have about you is wrong or incomplete, you have the right to ask for an amendment to your record. To ask for a change to your record, you must make your request in writing and submit it to CARESPAN customer service. Also, you must give a reason that supports your request.

* ***We may say no to your request for an amendment to your record.*** We may do this if it is not in writing or does not include a reason to support the request. We also may say no to your request if you ask us to amend information that:

- we did not create, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the records used to make decisions about you;
- is not part of the information which you are permitted to inspect and to receive a copy; or is accurate and complete.

* ***Right To an Accounting of Disclosures.*** You have the right to get a list of the disclosures we made of your medical information. This list will not include all disclosures that we made. For example, this list will not include disclosures that we made for treatment, payment or health care operations. It will not include disclosures you specifically approved. To ask for this list you must submit your request in writing on the approved form. We will give the form to you upon request.

* ***Right To Request Restrictions.*** You have the right to ask for a restriction or limitation on the medical information we use or share for treatment, payment or health care operations. You also have the right to ask for a limit on the medical information we share with someone who is involved in your care or in the payment for your care. Such a person may be a family member or friend. We do not have to agree to your request. If we do agree, we will fulfill your request unless the information is needed to provide you with emergency treatment. To ask for restrictions, you must make your request in writing on a form that we will give you upon request. You must tell us:

- what information you want to limit,
- how you want us to limit the information, and
- to whom you want the limits to apply.

* ***Right To Request Confidential Communications.*** You have the right to ask us to communicate with you about medical matters in a certain way or at certain places. You must make your request in writing on a form that we will give you upon request. We will fulfill all reasonable requests.

* ***Right To a Paper Copy of This Notice.*** You may ask us to give you a copy of this Notice at any time. Even if you have agreed to get this Notice electronically, you still have a right to a paper copy of this Notice.

VI. Revisions To This Notice

We may update this Notice to show any changes in our privacy practices. We reserve the right to make the updated Notice effective for medical information we already have about you. It also will be effective for any information we receive in the future. We will post a copy of the current Notice online and in the places where you receive services. The effective date of this Notice is on the first page, in the top, right-hand corner.

VII. Complaints

If you think your privacy rights have been violated, you may file a complaint with legal@carespanhealth.com or with the government authorities of Panama or the USA, as applicable. You will not be penalized for filing a complaint.

VIII. Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or by other laws that apply to us will be made only with your written permission. If you give your permission to use or share your medical information, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your medical information for the reasons covered by your written permission. We cannot take back any disclosures we have already made with your permission. We are required to keep records of the care that we provided to you.

IX. Cookies

Cookies are text information files that your web browser places on your computer when you visit a website. Cookies assist in providing non-personal information from you as an online visitor. It can be used in the customization of your preferences when visiting our website. Most browsers accept cookies automatically, but can be configured not to accept them or to indicate when a cookie is being sent.

XX. Security on our Website

Secure interaction: When you interact on our web site, all of your information, including your credit card number and delivery address, is transmitted through the Internet using Secure Socket Layers (SSL) technology. SSL technology causes your browser to encrypt your order information before transmitting it to our secure server. SSL technology, an industry standard, is designed to prevent someone other than operators of our web site from capturing and viewing your personal information. CARESPAN also takes the following measures to protect your personal information online:

Passwords: To provide you with an increased level of security, online access to your personal information is protected with a password you select. We strongly recommend that you do not disclose your password to anyone. CARESPAN will never ask you for your password in any

unsolicited communication (including unsolicited correspondence such as letters, phone calls, or e-mail messages).

Information: Since any order information you provide to us on our website will be transmitted using a secure connection, if your web browser cannot support this level of security, you will not be able to order products through our website. The most recent versions of Safari, Netscape Navigator, Google Chrome, Microsoft Internet Explorer and Firefox can support a secure connection and can be downloaded for free from their respective websites.

No data transmission over the Internet can be guaranteed to be 100% secure. While we strive to protect your personal information from unauthorized access, use or disclosure, CARESPAN cannot ensure or warrant the security of any information you transmit to us on our web site.