



## Notice of Privacy Practices

This Notice describes the privacy practices of ZIBRIO Inc. (“ZIBRIO”, “we,” “us,” or “our”) in relation to health information about you (“Protected Health Information” or “PHI”), which we collect, create, store and transmit through our mobile applications (the “Apps”).

### I. Our Privacy Obligations

We believe in transparency and that your personal information should be in your control and secure. In addition, we are required by law to maintain the privacy of your PHI, to provide you with this Notice and to notify you in the event of a breach of your unsecured PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

For more general information about our privacy practices in connection with our online services, please visit <https://www.zibrio.com/privacy-policy>. You are always welcome to contact us directly with any question or concern (see our privacy officer’s email below).

### II. Permissible Uses and Disclosures Without Your Written Authorization

We may use and disclose your PHI without your written authorization for the following purposes:

- A. Treatment. We may use and disclose your PHI to support treatment and other services to you through our Apps. Our Apps are designed to help you and your healthcare professionals monitor and improve your physical balance to prevent fall risk. The following is a description of the PHI we collect through our Apps, how you can access and control the PHI and the measures we take to protect the PHI:
  - You may download the *ZIBRIO BalanceCoach App* to explore your balance health and lifestyle factors that affect your balance. When setting up the app, you will provide basic information about yourself: full name, birthdate, height, gender and shoe size. You may update your personal profile at any time. Then, whenever you wish, you may answer questions about your sleep, medications, mood, medical conditions, fitness, and strength to help you learn what aspects in your life benefit or hurt your balance. You may also record if you have a fall. All information provided will be calculated to grade your balance and stored to allow you to follow your balance health

statistics over time. This information will help to match you with the best training or suggestions for improving your balance. You may pair the app with our Stability Home Scale to add accurate balance scores to your overall balance health tracking. You may delete a past balance score or a fall incident any time. To protect your data, access to your app will only be allowed by logging in with your secret password and all data saved on your device will be encrypted. We encourage you to log out or otherwise secure your device when the app is not in use. To enhance our services to you and for backup purposes, we partnered with Galen Data Inc., a HIPAA compliant cloud service provider, to safely encrypt and store your data at ZIBRIO.

- ZIBRIO BalanceCare and ZIBRIO BalanceReport are Web Apps intended for medical profession use. Both may be used together with ZIBRIO PRO Scale to assist health care providers to diagnose, treat and monitor patients with poor balance and related medical conditions. In the ZIBRIO BalanceCare Web App, no patient's identifiers entered. The types of data that are entered include: age, balance score, medications, and medical conditions. The patient data are saved temporarily on the client side, without any communication from a server. Local Storage and Cookies are not used to store the patient data. ZIBRIO has no way of seeing anything entered because there is no server communication with this data. The only data sent back and forth to the ZIBRIO server or stored in Local Storage relates to the *user*, which is the person signing into the app (for example, a nurse). This user has an email and password that are stored in our server, and an authentication token for the user is stored in Local Storage so that they can remain logged in during their session of using the app.

In the BalanceReport Web App, the patient's name, age, and balance score are entered. The patient data are saved temporarily on the client side, without any communication from a server. Local Storage and Cookies are not used to store the patient data. ZIBRIO has no way of seeing anything entered in the BalanceReport form because there is no server communication with this data. The only data sent back and forth to the ZIBRIO server or stored in Local Storage relates to the *user*, which is the person signing into the app (for example, a Physical Therapist). This user has an email and password that are stored in our server, and an authentication token for the user is stored in Local Storage so that they can remain logged in during their session of using the app.

- B. Payment. We may use and disclose your PHI to obtain payment for services that we provide to you.

- C. Health Care Operations. We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality of our services or address your complaints.
- D. Disclosures to Business Associates. We may share your PHI with our “business associates,” which are service providers or other persons who use or disclose PHI to perform services for us. We enter into contracts with business associates requiring them to protect the privacy of your PHI, and we share only the minimum amount of PHI necessary for business associates to perform their duties.
- E. Disclosure to Close Contacts. We may share your PHI with a family member, other relative, a close personal friend, or any other person identified by you if: (1) we obtain your agreement or provide you with the opportunity to object, and you do not object; or (2) we reasonably infer that you do not object. Sometimes, you may be unavailable to object to a disclosure. In that case, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information under such circumstances, we would disclose only information that is directly relevant to the person’s involvement with your care.
- F. As Required by Law. We may use and disclose your PHI when required to do so by any applicable federal, state or local law.
- G. Public Health Activities. We may disclose your PHI to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; or to report information about products under the jurisdiction of the U.S. Food and Drug Administration; or for other public health purposes specified by law.
- H. Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.
- I. Health Oversight Activities. We may disclose your PHI to an agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- J. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

- K. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a court order.
- L. Decedents. We may disclose your Protected Health Information to a coroner or medical examiner as authorized by law.
- M. Research Activities. At ZIBRIO, we are determined to save the world from falling down and we continue to research and develop methods to achieve this goal. We may use and disclose your PHI for research purposes pursuant to a valid authorization from you or when an institutional review board or privacy board has waived the authorization requirement. Under certain circumstances, your Protected Health Information may be disclosed without your authorization to researchers preparing to conduct a research project, for research on decedents or as part of a data set that omits your name and other information that can directly identify you.
- N. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

### **III. Uses and Disclosures Requiring Your Written Authorization**

For any purpose other than the ones described above in Section II, we only use or disclose your Protected Health Information when you give us your written authorization.

- A. Marketing. We must obtain your written authorization prior to using your PHI for purposes that are marketing under the HIPAA privacy rules. For example, we will not accept any financial payments from other organizations or individuals in exchange for making communications to you about treatments, health care providers, care coordination, products or services unless you have given us your authorization to do so or the communication is permitted by law. We may give you promotional gifts of nominal value without obtaining your written authorization.
- B. Sale of Protected Health Information. We will not share your information as part of a sale of PHI without your written authorization.
- C. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain health information about you ("**Highly Confidential Information**"), including substance use disorder records and other health information that is given special privacy protection under state or federal laws other than HIPAA. In order for us to disclose any Highly Confidential Information for a purpose other than those permitted by law, we must obtain your authorization.
- D. Cancellation of Your Authorization. You may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written cancellation to the Privacy Officer identified below.

#### **IV. Your Individual Rights**

- A. Right to Request Restrictions. You may request restrictions on our use and disclosure of your PHI for following activities: (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to most requested restrictions. We will honor a request to restrict our disclosure to a health plan for payment or health care operations purposes if the disclosure is not required by law and the information pertains solely to a health care item or service for which you (or someone on your behalf other than the health plan) have paid us out of pocket in full. If you wish to request restrictions, please contact our Privacy Officer.
- B. Right to Receive Alternative Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.
- C. Right to Inspect and Copy Your Health Information. Although your PHI will be available to you through our Apps, you may request access to inspect and obtain a copy of your medical and billing records maintained by us. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please contact our Privacy Officer. If you request copies, we may charge you a reasonable copy fee.
- D. Right to Amend Your Records. You have the right to request that we amend your PHI maintained in your medical or billing records. If you desire to amend your records, please contact our Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- E. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your Protected Health Information made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.
- F. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.
- G. For Further Information; Complaints. If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. You may also file a written complaint with the Office for Civil Rights (“OCR”) of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the

correct address for OCR. We will not retaliate against you if you file a complaint with us or OCR.

**V. Effective Date and Duration of This Notice**

- A. Effective Date. This Notice is effective on January 19, 2022.
- B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all your PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice on our website at <https://www.zibrio.com/>. You also may obtain any new notice by contacting the Privacy Officer.

**VI. Privacy Officer**

You may contact the Privacy Officer at [gal@zibrio.com](mailto:gal@zibrio.com).