



ChatRx HIPAA Consent Form

This HIPAA Consent Form explains how ChatRx Telemedicine and the ChatMD medical device use and disclose your Protected Health Information (PHI) for treatment, payment, and healthcare operations in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

By using ChatRx, you acknowledge and consent to the practices described in this Notice.

1. Purpose of This Consent

This Consent authorizes ChatRx to use and disclose your PHI as necessary to:

- Provide medical treatment and clinical services
- Process payments for healthcare services
- Conduct healthcare operations such as quality improvement, compliance, and audits

This Consent does not cover consumer privacy rights under state laws (such as CCPA/CPRA). Those rights are addressed separately in the ChatRx **Privacy Policy & Consent** document.

In accordance with the California Consumer Privacy Act (CCPA) and similar state privacy laws, ChatRx informs you that certain personal information collected during your use of our platform, which may not be considered Protected Health Information (PHI) — is also protected. You may request access, correction, or deletion of such information, and may exercise your privacy rights through our Privacy Dashboard or by contacting privacy@chatrx.md

2. How ChatRx May Use or Disclose Your PHI

A. Treatment

ChatRx may use and disclose your PHI to licensed healthcare providers involved in your care. This includes reviewing symptoms collected by the ChatMD device, evaluating clinical history, determining eligibility for asynchronous telemedicine treatment, and prescribing medications.

B. Payment

ChatRx may use and disclose PHI to process payments, verify eligibility, and coordinate with pharmacies or payment processors.

C. Healthcare Operations

Your PHI may be used for operational purposes permitted under HIPAA, including:

- Quality assessment and improvement
- Training and compliance activities
- Credentialing of providers
- Regulatory auditing

Only the minimum necessary PHI will be accessed.

3. Use of Electronic and Asynchronous Communications

ChatRx uses an asynchronous store-and-forward structured-messaging telehealth modality.

By consenting, you acknowledge that:

- Communications may occur through secure electronic channels
- ChatRx does not use SMS, email, video, or real-time chat for clinical evaluation
- There are inherent risks in any electronic transmission of health information despite reasonable security safeguards

4. Disclosure to Authorized Business Associates

ChatRx works with contracted Business Associates who require access to PHI to perform services such as:

- Secure cloud hosting
- Prescription routing
- Identity verification
- Compliance monitoring
- Quality management

Each Business Associate is bound by a HIPAA-required Business Associate Agreement (BAA) requiring them to safeguard your PHI.

5. Patient Rights Under HIPAA

You have the following rights regarding your PHI:

1. Right to Access

You may request copies of your medical records.

2. Right to Amend

You may request corrections to inaccurate or incomplete information.

3. Right to Request Restrictions

You may request limits on how your information is used or disclosed, though ChatRx is not obligated to agree if it would interfere with care or operations.

4. Right to Confidential Communications

You may request that ChatRx communicate with you through alternative means.

5. Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI.

6. Right to a Copy of This Notice

You may obtain a current version at any time through the ChatRx Trust Center on the ChatRx Website

7. Right to Revoke This Consent

You may revoke this consent in writing at any time.

Revocation will not affect actions already taken based on your prior consent and may limit your ability to receive ChatRx services.

6. Breach Notification

If a breach of unsecured PHI occurs, ChatRx will notify you in accordance with:

- HIPAA Breach Notification Rule (45 CFR §164.400–414)
- Applicable state breach notification laws

Notification will include details of the incident and steps you may take to protect yourself.

7. Limits on Use of PHI

ChatRx does not:

- Use PHI for marketing without your written authorization
- Sell PHI
- Use PHI for advertising or unrelated commercial purposes
- Use PHI for AI model training

De-identified information may be used for quality improvement and analytics as permitted by law.

8. Government Oversight

Regulatory agencies, such as the U.S. Department of Health and Human Services (HHS), may inspect ChatRx records to monitor compliance with HIPAA.

9. Acknowledgment and Consent

By signing below or by accessing ChatRx Telemedicine services, you acknowledge and agree that:

- You have read and understand this HIPAA Consent Form.
- You consent to the use and disclosure of PHI for treatment, payment, and operations.
- You understand your HIPAA rights described above.
- You understand that electronic communications involve risks that cannot be fully eliminated.
- You understand you may revoke this Consent at any time in writing.

I, [FIRST NAME] [LAST NAME], hereby consent to the use and disclosure of my Protected Health Information as described in this HIPAA Consent Form.

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Signature: _____

Date: _____