

HIPAA INFORMATION

***HIPAA (Health Insurance Portability and Accountability Act) was enacted in 1996. HIPAA was created primarily to modernize the flow of healthcare information, stipulate how Personally Identifiable Information (PII) maintained by the healthcare and healthcare insurance industries should be protected from fraud and theft, and address limitations on healthcare coverage.**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY

Dated October 15, 2019

Versagenix, Inc. and TekDek, Inc. (Your Providers) are committed to maintaining the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. Your Providers may use or disclose your health information without your permission for treatment, payment and health care operations, and when otherwise required or permitted by law. This Notice outlines the ways in which your Providers may use and disclose your health information without your permission as required or permitted by law. For your Providers to use or disclose your information for any other purposes, we are required to get your permission in the form of a signed, written authorization. Your Providers are required to maintain the privacy of your health information as outlined in this Notice and its privacy policies. Please read through this Notice carefully to understand your privacy rights and your Providers obligations.

YOUR PROVIDERS

- **VersaGenix, Inc.** is a licensed cannabis business that manufactures, distributes and delivers cannabis products to you.
 - *What information gets shared with Versagenix?* Patient information including government license, address, physician's recommendation, and products ordered as required by the regulations outlined in California state law.

- **TekDek, Inc.** is a non-licensed Technology Platform that manages the required documents for patient access to cannabis products, receives orders and customer services for all cannabis products produced by licensed cannabis entities.
 - *What information gets shared with TekDek?* Doctor recommendations, order processing information, payment information, government identification (driver's license, etc.)

YOUR PRIVACY RIGHTS

Right to Review and Obtain a Copy of Health Information. You have the right to review and obtain a copy of your health information in our records. You must submit a written request to your Providers at customerservice@farmacann.com

Right to Request Amendment of Health Information. You have the right to request an amendment (correction) to your health information in our records if you believe it is incomplete, inaccurate, untimely, or unrelated to your care. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to customerservice@farmacann.com

If your request for amendment is denied, you will be notified of this decision in writing and given information about your right to appeal the decision. In response, you may do any of the following:

- File an appeal
- File a "Statement of Disagreement" which will be included in your health record
- Ask that initial request for amendment accompany all future disclosures of the disputed health information.

Right to Request Receipt of Communications in a Confidential Manner. You have the right to request that we provide your health information to you by alternative means or at an alternative location. We will accommodate reasonable requests, as determined by your Providers policy, from you to receive communications containing your health information:

- At a mailing address (e.g., confidential communications address) other than your permanent address
- In person, under certain circumstances.

Right to Request Restriction. You may request that we not use or disclose all or part of your health information to carry out treatment, payment or health care operations, or that we not use or disclose all or part of your health information with individuals such as your relatives or friends involved in your care, including use or disclosure for a particular purpose or to a particular person.

Right to Receive an Accounting of Disclosures. You have the right to know and request a copy of what disclosures of your health information have been made to you and to other individuals. To exercise this right, you must submit a written request to customerservice@farmacann.com.

Right to a Printed Copy of the Privacy Notice. You have the right to obtain an additional paper copy of this Notice at www.farmacann.com in the HIPAA Compliance section.

Notification of a Breach of your Health Information. If a breach of any of your protected health information occurs, we will notify you and provide instruction for further actions you may take, if any.

Complaints. If you are concerned that your privacy rights have been violated, you may file a complaint with: customerservice@farmacann.com

When We May Use or Disclose Your Health Information without Your Authorization

Treatment. Your Providers may use and disclose your health information without your authorization for treatment purposes or to provide health care services. This includes using and disclosing your information for:

- Contacting you, your Caregiver, Family, Fiduciary, Assisted Living Facility, Care Facility, Doctor or Health Care Professional to give or receive information about treatment alternatives, customer service, and product availability as well as delivery or payment issues
- Assisting in your placement in Assisted Living Facilities, Care Facilities or Skilled Nursing Homes
- Assisting your home-based services or hospice services
- Coordination of your care, including care from Assisted Living Facilities, Care Facilities or Skilled Nursing Homes and Medical Professionals
- Coordinating the delivery of your products with the delivery service

Health Care Operations. Your Providers may use or disclose your health information without your authorization to support the activities related to health care, your cannabis products and your cannabis delivery. This includes using and disclosing your information for:

- Improving quality of care or services
- Conducting customer satisfaction surveys
- Providing information about treatment alternatives or other health-related benefits and services
- Conducting in-house health care training programs
- Managing, budgeting and planning activities and reports
- Improving health care processes, reducing health care costs and assessing organizational performance
- Developing, maintaining and supporting computer systems
- Addressing patient complaints
- Legal Services
- Conducting accreditation activities
- Certifying, licensing, or credentialing of health care professionals
- Conducting audits and compliance programs, including fraud, waste and abuse investigations
- Performing process reviews and root cause analyses

Serious and Imminent Threat to Health and Safety. Your Providers may use or disclose your health information without your authorization when necessary to prevent or lessen a serious and imminent threat to the health and safety of the public, yourself or another person. Any disclosure would only be to someone able to help prevent or lessen the harm, such as a law enforcement agency or the person threatened. You will be notified in writing if any such disclosure has been made by your Providers.

Public Health Activities. Your Providers may disclose your health information without your authorization to public health and regulatory authorities, including the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities. This includes disclosing your information for:

- Controlling and preventing disease, injury, or disability
- Reporting vital events such as births and deaths
- Reporting communicable diseases such as hepatitis, tuberculosis, sexually transmitted diseases & HIV
- Tracking FDA-regulated products
- Reporting adverse events and product defects or problems

- Enabling product recalls, repairs or replacements

Judicial or Administrative Proceedings. Your Providers may disclose your health information without your authorization for judicial or administrative proceedings, such as when we receive an order of a court, such as a subpoena signed by a judge, or administrative tribunal, requiring the disclosure.

Law Enforcement. Your Providers may disclose your health information without your authorization to law enforcement agencies for law enforcement purposes when applicable legal requirements are met. This includes disclosing your information for:

- Identifying or apprehending an individual who has admitted to participating in a violent crime
- Reporting a death or a death where there is a suspicion that death has occurred as result of a crime
- Reporting Fugitive Felons
- Routine reporting to law enforcement agencies, such as gunshot wounds
- Providing certain information to identify or locate a suspect, fugitive, material witness or missing person
- Investigating a specific criminal act.

Health Care Oversight. Your Providers may disclose your health information without your authorization to a governmental health care oversight agency (e.g., The Department of Social Services) for activities authorized by law, such as audits, investigations, and inspections. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and agencies that enforce civil rights laws.

Cadaveric Organ, Eye, or Tissue Donation. When you are an organ donor and death is imminent, we may use or disclose your relevant health information without your authorization to an Organ Procurement Organization (OPO), or other entity designated by the OPO, for determining suitability of your organs or tissues for organ donation. If you have not specified your donation preferences and can no longer do so, your family may make the determination regarding organ donation on your behalf.

Coroner or Funeral Services. Upon your death, we may disclose your health information to a funeral director for burial purposes, as authorized by law. We may also disclose your health

information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.

Services. We may provide your health information without your authorization to individuals, companies and others who need to see your information to perform a function or service for or on behalf of VHA. An appropriately executed contractual document, if applicable, and business associate agreement must be in place to ensure the contractor will appropriately secure and protect your information.

National Security Matters. We may use and disclose your health information without your authorization to authorized Federal officials for conducting national security and intelligence activities. These activities may include protective services for the President and others.

Workers' Compensation. We may use or disclose your health information without your authorization to comply with workers' compensation laws and other similar programs.

Correctional Facilities. We may disclose your health information without your authorization to a correctional facility if you are an inmate and disclosure is necessary to provide you with health care; to protect the health and safety of you or others; or for the safety of the correctional facility.

Required by Law. We may use or disclose your health information without your authorization for other purposes to the extent required or mandated by Federal law (e.g., to comply with the Americans with Disabilities Act; to comply with the Freedom of Information Act (FOIA); to comply with a Health Insurance Portability and Accountability Act (HIPAA) privacy or security rule complaint investigation or review by the Department of Health and Human Services).

State Prescription Drug Monitoring Program (SPDMP). We may use or disclose your health information without your authorization to a SPDMP to promote the sharing of prescription information to ensure safe medical care.

General Information Disclosures. We may disclose general information about you without your authorization to your family and friends. These disclosures will be made only as necessary and, on a need-to-know basis consistent with good medical and ethical practices, unless otherwise directed by you or your personal representative. General information is limited to:

- Verification of Identity

- Your condition described in general terms (e.g., critical, stable, good, prognosis poor)

Verbal Disclosures to Others While You Are Present. When you are present, or otherwise available, we may disclose your health information to your next-of-kin, family or to other individuals that you identify. Before we make such a disclosure, we will ask you if you object or if it is acceptable to remain in the room. We will not make the disclosure if you object.

Verbal Disclosures to Others When You Are Not Present. When you are not present, or are unavailable, your Providers may discuss your health care or payment for your health care with your next-of-kin, family, caregiver(s), fiduciary or others with a significant relationship to you without your authorization. This will only be done if it is determined that it is in your best interests. We will limit the disclosure to information that is directly relevant to the other person's involvement with your health care or payment for your health care.

IMPORTANT NOTE: *A copy of your medical records can be provided to family, next-of-kin, or other individuals involved in your care only if we have your signed, written authorization or if the individual is your authorized personal representative.*

Other Uses and Disclosures with Your Authorization. We may use or disclose your health information for any purpose you specify in a signed, written authorization you provide us. If we were to use or disclose your health information for marketing purposes, we would require your signed written authorization. In all other cases, we will not use or make a disclosure of your health information without your signed, written authorization, unless the use or disclosure falls under one of the exceptions described in this Notice. When we receive your signed, written authorization we will review the authorization to determine if it is valid, and then disclose your health information as requested by you in the authorization.

Revocation of Authorization. If you provide us a signed, written authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization; we will no longer use or disclose your health information unless the use or disclosure falls under one of the exceptions described in this Notice or as otherwise permitted by other laws. Please understand that we are unable to take back any uses or disclosures we have already made based on your signed, written authorization.

When We Will Not Use or Disclose Your Health Information

Sale of Health Information. We will not sell your health information.

Genetic Information. We will not use or disclose genetic information.

Changes to This Notice. We reserve the right to change this Notice. The revised privacy practices will pertain to all existing health information, as well as health information we receive in the future. Should there be any changes to this Notice we will make a copy of the revised Notice available to you within 60 days of any change. The Notice will contain the effective date on the first page.

Contact Information. You may contact the Providers by emailing customerservice@farmacann.com or by calling 707-931-2333

Received and signed,

Date:

Signature:

Name:

Relationship (if not the patient):