

PRIVACY NOTICE AND POLICY

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

Version 1.1

Last revised and effective as of November 10, 2024.

This Privacy Notice and Policy (“Privacy Policy”) governs how Wound³ (“We”, “Us”, “Our”, etc.) collect and use information from and about You. By continuing to use our services (including but not limited to the Wound³ mobile and web application), you hereby agree that you have read, understood, and agree to comply with this Privacy Policy.

INFORMATION WE COLLECT

We collect the following information about You (collectively “Your Information”):

1. Personally identifiable information (“PII”):
 - 1.1. Your full legal name and preferred name(s).
 - 1.2. Your contact information, including but not limited to phone number, email address, and mailing address.
 - 1.3. Your date of birth.
 - 1.4. Other information that your care provider requires to identify you.
2. Identifiable Health Information (“Your Health Information”): Where the following information can be attributed to your identity;
 - 2.1. Images and metadata of wounds and other affected areas captured and uploaded using our services.
 - 2.2. Self-reported information in notes and questionnaires.
 - 2.3. Measurements and analytics calculated from the images.
 - 2.4. Notes about your treatment and care from your care provider.
3. Other information:
 - 3.1. Information and analytics about how you use our services.
 - 3.2. Other information which you share with us.

HOW WE PROTECT YOUR PRIVACY

We are required by law to maintain the privacy of Your Information as per the terms of this Privacy Policy. We use a minimum of industry-standard security measures to protect Your Information, including but not limited to encryption and other security measures. We will not use or disclose Your Information except as described in this Privacy Policy.

HOW WE USE YOUR INFORMATION

We use Your Information to provide our services, improve our development, and to facilitate the care provided to you by your care provider. We will never sell Your Information to a third-party without your express consent.

SPECIFIC USES AND DISCLOSURES

This section describes how Your Information is used and disclosed.

1. DISCLOSURE TO YOU

We disclose Your Information to You:

1.1. When you use our services.

When you access our services, you will access Your Information.

2. DISCLOSURE TO YOUR CARE PROVIDER

We disclose your PII and Your Health Information to your care provider:

2.1. For your treatment.

As an example, we may disclose Your Health Information to your care provider when they are completing an examination of your wound, treating your wound, or otherwise reviewing your wound scans.

2.2. For health care operations.

As an example, we may disclose Your Health Information to your care provider when they are completing an outcomes evaluation pertaining to your care or the care provided by the care provider.

2.3. For payment.

As an example, we may disclose Your Health Information to your care provider when they are evaluating your usage for the purposes of requesting payment for use of services.

3. INTERNAL OPERATIONAL USE

We use Your Information internally:

3.1. To improve our services.

As an example, we may use anonymized information to train and improve our measurement software.

3.2. To provide aggregated reporting.

As an example, we may aggregate and anonymize information to share reports of our results with other stakeholders.

3.3. For future research.

As an example, we may use Your Information to complete future research and development of our software, including but not limited to quality assurance, new product development, and other related research.

4. COMMUNICATING WITH YOU

We use Your Information:

4.1. To communicate details about our services to you.

As an example, we may use Your Information to contact you about inquiries you make, to share new features, to provide scan reminders, and other normal components of our services.

4.2. To communicate changes in our services to you.

As an example, we may use Your Information to contact you about changes to our software, terms of service, or to require additional consents about Your Information.

PROHIBITED USES AND DISCLOSURES

We are specifically prohibited by 45 CFR § 164.502(a)(5)(iii) to:

1. Use or disclose genetic information for underwriting purposes, such as to determine your eligibility or price for a healthcare plan. We do not collect genetic information from you.
2. Sell your protected health information except where you provide your consent, such as to enable a third party to market to you.
3. Limit, monitor, or otherwise pertain to reproductive health care access, such as to provide information about your reproductive health care for a criminal, civil, or administrative investigation. We do not collect reproductive health care information from you.

YOUR RIGHTS

You have certain rights with respect to Your Health Information.

1. RIGHT TO REQUEST RESTRICTION OF YOUR DATA

You may request that We restrict the use and disclosure of Your Information by contacting privacy@wound3.com. We are not required to agree to such a restriction unless We deem the disclosure of Your Information to be for the purpose of payment or health care operations, is not otherwise required by law AND the information pertains solely to a health care item or service for which you have paid in full.

2. RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF YOUR HEALTH INFORMATION

You have the right to receive confidential communications of Your Health Information except as limited by law from your care provider by contacting your care provider.

3. RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION

You have the right to inspect and copy Your Health Information from your care provider by contacting your care provider.

4. RIGHT TO AMEND PROTECTED HEALTH INFORMATION

You have the right to request that your care provider amend Your Health Information by submitting a request to your care provider.

5. RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION

You may request a record of disclosures of Your Health Information by submitting a request to your care provider.

6. **RIGHT TO OBTAIN A PAPER NOTICE OF THIS PRIVACY POLICY UPON REQUEST.**

You may request a paper notice of this Privacy Policy from your care provider.

CONTACT AND COMPLAINTS

You may contact Us for further information about this Privacy Policy by contacting:

WOUND³ OFFICE OF THE PRIVACY OFFICER

587-982-3742

PRIVACY@WOUND3.COM

If you believe that your privacy rights have been violated, you may file a complaint by contacting Us as above. You will not be retaliated against for any such complaint.

RIGHTS RESERVED

We reserve the right to amend and revise this Privacy Policy from time to time as required. If We have made a material change to this Privacy Policy, You will receive a notification that our Privacy Policy has been revised the next time that you access our services.