Health Information Privacy Notice

Biohax DNA Supplements, LLC ("Biohax") is committed to protecting the confidentiality of its client's health information. This Privacy Notice describes how we may use and disclose your health information. Please see the following links for additional information on our privacy practices: Biohax Privacy Notice and Biohax Consumer Health Data Privacy Notice.

We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective for all health information that we maintain. If we change the terms of this Notice, the revised Notice will be made available upon request and posted on our website.

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

The following categories describe different ways that we use and disclose health information.

Treatment: We may use and disclose your health information to provide, coordinate and/or manage your treatment, health care, or, other related services.

Payment: We may use and disclose your health information as needed to bill or obtain payment for the treatment and services provided.

Health Care Operations: We may use or disclose your health information in order to carry out our general business activities or certain business activities.

Family and Friends: We may disclose your health information to a family member or friend who is involved in your medical care or to someone who helps pay for your care.

Third Parties: We may disclose your health information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard your information.

Required by Law: We may use or disclose your health information to the extent the use or disclosure is required by law. Any such use or disclosure will be made in compliance with the law and will be limited to what is required by the law.

Public Health Activities: We may disclose your health information for public health activities. These activities generally include the following:

- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required by law to the make the disclosure.

EET™ Guided Services. When EET™ Guided services become available through Biohax, we may collect epigenetic and biomarker data through at-home testing kits. This sensitive health information will be:

- Used solely for personalized nutrition recommendations
- Protected with enhanced security measures
- Not sold or shared with third parties for marketing purposes
- Stored separately from general account data

Note: EET™ health information handling will comply with applicable health privacy statutes and regulations. Detailed consent will be obtained before collection.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law.

Law Enforcement: We may disclose your health information to law enforcement in very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or

victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.

Judicial and Administrative Proceedings: We may disclose information about you in response to an order of a court or administrative tribunal as expressly authorized by such order.

To Avert a Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat of harm.

Disaster Relief Efforts: We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information consistent with applicable law to coroners, medical examiners and funeral directors only to the extent necessary to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose health information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation, only to the extent necessary to help facilitate organ or tissue donation or transplantation.

Research: Under certain circumstances, we may also use and disclose information about you for research purposes.

Workers' Compensation: We may disclose your health information as authorized by law to comply with workers' compensation laws and other similar programs established by law.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your health information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your health information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Correctional Institutions: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.

OTHER USES AND DISCLOSURES REQUIRE YOUR CONSENT

If we wish to use or disclose your health information for a purpose not set forth in this Notice, we will seek your consent. You may revoke a consent in writing at any time, except to the extent that we have already taken action in reliance on your consent.

REQUESTS REGARDING YOUR HEALTH INFORMATION

Including any rights you may have under applicable law, we will respect the following requests:

Inspect and/or obtain a copy of your health information. You may request to inspect and/or obtain a copy of your health information. If we maintain your health information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your health information, you must submit a written request to our Privacy Officer. If you request a copy (paper or electronic) of your health information, we may charge you a reasonable, cost-based fee.

Request a restriction on certain uses and disclosures of your health information. You may request to ask us not to use or disclose any part of your health information for purposes of treatment, payment or health care operations. If we agree to a restriction, we will not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment. We will not agree to restrictions on health information uses or disclosures that are legally required or necessary to administer our

business. To request a restriction, you must submit a written request to our Privacy Officer.

Request confidential communications. You may request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request a confidential communication of your health information, you must submit a written request to our Privacy Officer stating how or when you would like to be contacted. We will not require you to provide an explanation for your request. We will accommodate all reasonable requests.

Request an amendment to your health information. If you believe that any information in your medical record is incorrect or if you believe important information is missing, you may request that we amend the existing information. To request such an amendment, you must submit a written request to our Privacy Officer.

STATE LAW

We will not use or share your information if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws protecting HIV/AIDS information or mental health information. If a state law applies to us and is stricter or places limits on the ways we can use or share your health information, we will follow the state law. If you would like to know more about any applicable state laws, please ask our Privacy Officer.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions or want more information about this Notice or how to exercise your health information rights, you may contact our Privacy Officer at: Email: support@biohax.com; Phone: +1 855-930-5048; Mailing address: 4141 NE 2nd Ave, Ste 105A, Miami, FL 33137.