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## Laso Health Information Authorization

**Effective Date:** January 27, 2020

**Last Updated:** June 23, 2021

### 1. Introduction

Laso Health connects patients with healthcare providers by locating healthcare providers that offer private pay services and scheduling appointments with the healthcare provider of a patient's choice. In order to provide you with its services, Laso Health requires certain background and health information ("Health Information") from you, and Laso Health needs your permission to use and disclose that Health Information to healthcare providers. Your Health Information is private and is not required to be shared, but Laso Health cannot provide effective services if you do not share certain Health Information. If you decide to communicate your information to or share your Health Information with Laso Health, it will be protected under applicable federal and state privacy laws.

### 2. Privacy and Security Safeguards for Health Information

To further ensure the privacy and security of the Health Information shared by you, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") limits the uses and disclosures of PHI by most healthcare providers and by health plans ("covered entities"). Except in certain circumstances, your written authorization is required before covered entities may disclose your Health Information to a third party. For more information about how Laso Health collects, processes, protects, uses, and shares your information, please refer to Laso Health's Privacy Policy.

### 3. Your Authorization

This Laso Health Authorization ("Authorization") constitutes your written consent to allow Laso Health to collect, use, and share your Health Information, including, to provide Laso Health services to you, connect you with your selected healthcare providers, and for those purposes as described in the Terms of Use and permitted by law.

Specifically, by electronically signing this Authorization, you acknowledge and agree that the use of Laso Health services may involve personally identifiable information, including protected health information, to be shared with health care professionals and third parties. As such, you authorize Laso Health to collect, use, and share your Health Information, including, your demographic information and general health condition and needs information, for the following purposes:

- Scheduling appointments with your selected healthcare professionals;
- Optimizing your Laso Health user experience;
- Receiving appointment alerts and reminders;
- Describing health education topics and information about services, products, or resources that may be of interest to you; and
- The uses and disclosures set forth in the Laso Health Privacy Policy.

These uses and/or disclosures will be considered to be made by Laso Health as a result of your authorization, in which you further acknowledge and agree:

- A. This Authorization expires upon the later of the termination of you participation or one (1) year from the date of your signature.
- B. This Authorization is valid until such expiration date or earlier upon delivering a written revocation to Laso Health. Revoking this Authorization will not have any effect on the information that has already been released before Laso Health receives the written revocation. It is your responsibility to inform Laso Health of any desired change to this Authorization.
- C. Once the information described in this Authorization is disclosed, the recipient(s) may not be required to follow the same privacy and security rules as Laso Health or healthcare providers and may be re-disclosed by the recipient(s). Upon such re-disclosure, the information may no

longer be protected by federal or state privacy laws.

- D. You have a right to receive a copy of this Authorization and the right to refuse to sign this Authorization. Laso Health, as applicable, will not condition treatment, payment, enrollment, or eligibility for health benefits on whether you sign this Authorization. A refusal to sign this Authorization may result in your ability to use the Laso Health App, Site, and Services.
- E. Laso Health may disclose your Health Information to local, state, or other governmental agencies as required by applicable law.
- F. Health Information may include, but is not limited to, behavioral health, genetic, STD, substance abuse, and/or other sensitive health information, and your signature authorizes release of such information.
- G. To waive all claims against Laso Health related to the release of the information authorized to be shared for purposes related Laso Health services.
- H. To have read and understand the content of this Authorization, and your signature authorizes the disclosure of the Health Information as described in this Authorization.

#### **4. Marketing**

This Authorization also gives Laso Health permission to use your Health Information for the purposes of marketing various healthcare services and products of third parties to you. Laso Health may receive financial remuneration from such third parties for its marketing activities, but it will not sell or otherwise share your Health Information with such third parties, except as de-identified or otherwise permitted by law.

#### **5. Expiration and Revocation of Authorization**

This Authorization shall continue in effect as long as you continue your access to the Laso Health App, Site or Services. If you wish to revoke this Authorization or to opt out of marketing, you must notify Laso Health by submitting a revocation through your account settings page. Any revocation or opt-out will be effective upon receipt by Laso Health, but it does not apply retroactively to previous actions taken in reliance on this or a prior authorization. Additionally, a revocation of authorization regarding your Health Information does not affect Laso Health's use of your information subject to and as set forth in the Laso Health Privacy Policy. Revocation may result in termination of your ability to use the Laso Health App, Site, and Services.

#### **6. Acknowledgement**

By creating a Laso Health account, or accessing the Laso Health App or Site, you authorize the use and/or disclosure of your Health Information as described above. You acknowledge that when your Health Information is disclosed to people or entities that are not required to abide by federal or state privacy laws, those people or entities may re-disclose your information to others and use your information without being subject to penalties under those laws.