

Pluto Health Registration and HIPAA Authorization

Helios Clinical Research, through its use of the CRIO service, is authorized to serve as a health care navigator and agent for Pluto Health, Inc. ("Pluto Health"), a health services provider. Pluto Health provides patients with preventive health and care options for outstanding care gaps, such as lab testing, access to chat with a clinical team, or vaccination referrals. These offerings provide convenient and low-cost options to the patient to receive standard of care offerings that advance their health.

I hereby authorize Helios Clinical Research to provide my personal information to Pluto Health so that I can be registered with their services.

Furthermore, I authorize Pluto Health to obtain and disclose the protected health information ("PHI") described below to the persons or entities identified in this form.

I authorize the release of all PHI created, stored, or transferred to Pluto Health which includes but may not be limited to diagnosis, treatment, and health history information, including:

- Laboratory and diagnostic test information and results,
- Medical diagnoses received, date of diagnosis, and
- Medical treatment received, such as treatment plans, prescription medicine, exams, etc.
- Health related services

This information may be released to:

- Pluto Health employees and affiliates, and
- Third parties involved directly in your care
- Helios Clinical Research

This information will not be released:

- To any parties that are not involved in your care unless directed by you

This information may be used for the purpose of:

- Coordinating or providing health and health-related services
- Assessing the need for treatment options
- Suggesting health services and health related services
- Informing you of research opportunities that may benefit you
- Contacting and coordinating health services that may benefit you
- Informing or tailoring your use of products and services that may benefit you

This information may also be used for the purposes of communications, which include health services and marketing. This means Pluto Health may use my protected health information to:

- Provide me with communications concerning treatment alternatives or other health related products or services

- Make available to me added services like mailing of printed care recommendations
- Inform me of clinical services, such as chatting with a clinical team
- Understand and interpret tests, care plans, notes, or diagnostic results
- Provide me with communications regarding products, services, and tools that may be of interest, and
- Contact me for information about treatment alternatives or other health-related benefits and services that may be of interest to me.

I understand that I have the right to “opt out” of communications and services at any time or to receive a copy of this authorization by emailing support@Pluto.health or by texting “STOP” to the respective Pluto Health text communication. If I choose to opt out, Pluto Health will not use my information for future marketing purposes. Any prior uses, disclosures, or circulating material will not be subject to “opting out” and withdrawing consent to marketing communications.

I understand that my treatment by Pluto Health is not conditioned on agreeing to having my protected health information used for marketing or outreach purposes.

I understand that Pluto Health may receive financial remuneration for marketing or outreach communications. Other communications for such purposes that do not involve financial remuneration are adequately captured in the Pluto Health Notice of Privacy Practices (NPP).

I also understand and agree to the following:

- I will receive a copy of this authorization form for my records.
- I may refuse to provide this authorization.
- Any information used or disclosed because I have agreed to this authorization may no longer be protected by privacy laws and may be subject to re-disclosure by the person or organization receiving it.
- I have the right to revoke this authorization in its entirety at any time by doing so in writing to hello@pluto.health or Pluto Health, Inc, Venture X, 807 E Main Street, Building 6 Suite 100, Durham, NC 27701
- Any revocation of this authorization by me will not apply to actions that have already been taken regarding the sharing of my protected health information during the period of time that my authorization was effective.
- If this authorization has not been revoked, it will end two years from the date listed below.
- I acknowledge that Helios Clinical Research is acting as a healthcare navigator and agent of Pluto Health and is not responsible for any care recommendations and/or services offered by Pluto Health.

I have read and had an opportunity to ask questions about this authorization.

Signature: _____

Patient Name: _____ Name of Personal Representative, if
applicable

Date: _____ Relationship to Patient: