

NOVELLIA, INC.
AUTHORIZATION TO SELL
CONSUMER HEALTH DATA

Completion of this document (“Authorization”) authorizes Novellia, Inc. (“Seller”) to sell my consumer health data to _____ (“Purchaser”) for the purpose(s) described below. Please carefully read and provide the information requested.

I, _____ (*full name*), authorize the sale of my consumer health data as described below:

I. Description of Consumer Health Data.

Novellia will sell the following consumer health data to Purchaser (*please check all that apply*):

- Information about your health-related conditions, symptoms, diseases, status, diagnoses, testing, or treatments (including surgeries, procedures, medications, or other social, psychological, behavioral, or medical interventions);
- Information about your use or purchase of prescribed medication;
- Information about your reproductive health or sexual well-being, such as information about your periods or pregnancy status, or about gender-affirming care;
- Measurements of bodily functions, symptoms, vital signs, or characteristics, including photographs, which may also be considered biometric information under Washington’s My Health My Data Act, Nevada’s Consumer Health Data Privacy Law, and other applicable health privacy laws in the United States, as each are amended and as and when they become effective, including any regulations under those laws (“**CHD Privacy Laws**”);
- Information about your genetic data;
- Precise location information that could reasonably indicate your attempt to acquire or receive health services or supplies;
- Information that could identify your attempt to seek health care services or information, including services that allow you to assess, measure, improve, or learn about your health; and
- Other information that may be used to infer or derive data related to the above or other health information.

II. Name and Contact Information of Seller.

Novellia, Inc.

Phone: 978-434-1085

Email: support@novellia.com

Address: 35 W 31st Street Frnt 1, PMB 223, New York, NY 10001

III. Name of and Contact Information of Purchaser.

Name of Purchaser: _____

Phone: _____

Email: _____

Address: _____

III. Purpose and Use of Sale.

Novellia was created to bridge the gap between individuals’ complete health story and data currently accessible to clinicians and researchers. As part of this, Novellia offers individuals the opportunity to assist in closing this gap by contributing to research and fostering the development and advancement of clinical breakthroughs. Novellia’s client network includes entities, such as life sciences organizations (e.g., pharmaceutical companies, biotechnology companies, and medical device manufacturers) and research institutes (e.g., academic research centers, medical research organizations, and health care research institutes), that seek to transform the health care industry through their research activities. Such entities seek to accelerate the path to life-changing medicines by utilizing longitudinal data that tracks specific patient journeys in connection with their research. The purpose of the sale of your consumer health data is to further these goals.

The Purchaser will use your consumer health data research, evaluation, analysis, or treatment activities, including but not limited to: (i) evaluating the safety and efficacy of therapeutics, (ii) evaluating the cost of care for specific populations, (iii) tailoring care management to improve patient outcomes, (iv) advancing personalized medicine and precision therapeutics, and (v) conducting other research activities that are otherwise deemed appropriate by Purchaser and permitted by applicable law

We obtain consumer health data from you or from your healthcare providers as authorized by you under applicable law.

REFUSAL TO SIGN:

I understand that I may refuse to sign this Authorization and Novellia may not condition its services on my providing or refusing to provide this Authorization.

REDISCLASURE:

I understand that if I authorize the disclosure of my consumer health data to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected.

REVOCATION:

I understand that: (1) I may revoke this Authorization at any time; (2) in writing either by sending an (i) email to support@Novellia.com or (ii) a letter to Novellia at: 35 W 31st Street Frnt 1, PMB 223, New York, NY 10001.

COPY:

Novellia will provide you with a signed copy of this Authorization.

EXPIRATION DATE:

This Authorization expires within one (1) year from the date of my signature below.

SIGNATURE.

I understand and agree to the foregoing:

Date: _____

Signature: _____