

# Important Notice of HIPAA Privacy Practices For Our Weight Loss Program

Effective as of **September 17, 2025**

IF YOU CHOOSE TO PARTICIPATE IN OUR [WEIGHT LOSS SUPPORT PROGRAM](#), THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. PLEASE NOTE, FACTOR DOES NOT COLLECT PROTECTED HEALTH INFORMATION OUTSIDE OF OUR GLP-1 SUPPORT, WEIGHT LOSS, AND NUTRITION COACHING PROGRAMS. IF YOU HAVE NOT PARTICIPATED IN THE ABOVE PROGRAMS, THEN YOU HAVE NOT DISCLOSED, AND WE HAVE NOT COLLECTED, PROTECTED HEALTH INFORMATION.

Factor takes the confidentiality of your health information very seriously. We are required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to provide you with this Notice of Privacy Practices (“HIPAA Privacy Notice” or “Notice”) and follow the terms of this Notice. This Notice describes how we may use and disclose your protected health information to carry out our services related to our [Weight loss Program](#) (or “Program”). In this Notice, “health information,” “protected health information,” and “PHI” refer to individually identifiable health information that we obtain from you in connection with the Weight loss Program. Individual information that we receive from you that is not covered by HIPAA is covered by our [Terms and Conditions](#) and [Privacy Policy](#).

## 1. Our Use and Disclosure of PHI

Your protected health information may be used and disclosed by Factor and its agents and/or affiliates and others outside Factor for the purpose of providing a curated program experience to you. Your protected health information may also be used and disclosed as necessary to support the operation of our Program. Generally, we use and disclose your PHI to carry out our Weight Loss Program Services, and in accordance with HIPAA. With some exceptions, as provided herein, we may not use or disclose any more of your PHI than is necessary to accomplish our mission.

- **Operations.** We use PHI to improve the Program Services, performance evaluation, and other internal business purposes.
- **Customized Digital Experience:** We use PHI to offer more customized plan recommendations, and digital feature experiences, like progress tracking, and other relevant trackers.

Consistent with the HIPAA, we may use or disclose your PHI to:

- Comply with requirements of federal, state, or local laws.
- Assist in public health and safety activities, such as tracking diseases
- Inform authorities in order to protect victims of abuse, neglect, or domestic violence
- Comply with federal and state health oversight activities, audits, inspections, and investigations
- Respond to law enforcement officials, report crime or emergencies, or pursuant to judicial or administrative orders, subpoenas, or other lawful process (such as lawsuits or legal actions)
- Product Monitoring, repair, and recall. We may disclose information to a person or company that is required by the Food and Drug Administration to: (1) report or track food product defects or problems; (2) repair, replace, or recall defective or dangerous food products
- Prevent or reduce a serious threat to anyone's health or safety
- Serve workers' compensation purposes, such as to carriers or your employer if you are injured at work, as authorized by and as necessary to comply with relevant laws.
- Tell you about alternative treatments and therapies
- Conduct case management, care coordination, or related functions.
- Send appointment confirmations and reminders.
- Communicate with individuals, such as designated friends or family, who are involved in your care or involved in the payment for that care.
- Communicate within our organization for treatment, payment, or Service operations.
- Provide information to other third parties with whom We do business in order to allow those third parties to provide services to Us or on Our behalf. Please note, in these situations, we require third parties to provide us with encryption and additional assurances concerning the secure storage and usage of your PHI.

Any other uses or disclosures not set forth in this Notice may only be performed with your written permission. Consistent with HIPAA, we will also obtain your written permission before We use or disclose your PHI for purposes that require your authorization. You may revoke your permission, in writing, at any time. If you do so, we will no longer use or disclose your PHI for the reasons covered by your written permission but note that We are unable to take back any disclosures We have already made with your permission, and that We are required to retain for our records of the care and service that we have provided you.

## 2. Our Responsibilities with Respect to Your PHI We are required by HIPAA to:

- Maintain the privacy and security of your PHI
- Provide this Notice setting forth our legal duties and privacy practices regarding PHI
- Abide by the terms of this version of this Notice currently in effect
- Tell you if there has been a security breach that compromises the privacy or security of your PHI

Please note that some states have laws that may require that we apply extra protections to protect some of your information.

### 3. Your HIPAA Rights with Respect to Your PHI

You have the following rights with respect to your PHI as maintained by Factor

- **Inspect and copy.** You have the right to ask to inspect and copy certain portions of your PHI, whether electronic or in paper. We may, in certain limited circumstances, deny your request to inspect or copy your PHI. If we do so, we will inform you of the reason for the denial. If you have participated in our Weight Loss Program, we will provide a copy or a summary of your PHI, typically within 30 days of receiving your request. We may charge a reasonable fee.
- **Amend.** You have the right to ask us to amend your PHI if you feel that it is incorrect or incomplete. We may, in certain limited circumstances, deny your request to amend your PHI. If we do so, we will tell you why in writing within 60 days and about your right to submit a statement of disagreement for inclusion in your records.
- **Accounting of disclosures.** You have the right to request a list of our disclosures of your PHI made over the past six years, who we shared your PHI with, and why. This right does not apply to disclosures made for treatment, payment, or operations; disclosures made to you about your treatment, disclosures made pursuant to an authorization by you; and certain other disclosures. We will provide one accounting a year for free but will charge a reasonable cost-based fee if you request an additional accounting within 12 months.
- **Restrictions on disclosure.** You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or our operations. We are not required to comply with such a request and may say “no” if it may impact your care. If you pay for a Weight Loss Program, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share the information.
- **Confidential Communication.** You have the right to request that we communicate with you in a specific way, such as at a specific telephone number, or to send an electronic message to a specific email address. We will say “yes” to all reasonable requests.
- **Paper copy.** You have the right to obtain a paper copy of this Notice at any time (even if you are currently reading it electronically). We will provide you with a paper copy as soon as reasonably feasible.
- **Choose someone to act on your behalf.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your HIPAA rights and make choices about your PHI. We will confirm that the person has this authority and can act for you before we take any action.

### 4. Changes to this Notice

We occasionally review this Notice to make sure it complies with applicable laws and conforms to changes in our business. We may need to update this Notice and reserve the right to do so at any time. If we change the terms of this Notice, the new terms will apply to all PHI that we maintain about you, including PHI that was created or received before such changes were made. We will post the new Notice on our website and mobile applications and will update the “Effective Date” at the top of this page so that you can easily discern if the Notice has changed since your last visit. We will make the new Notice available upon request. Your continued use of the Services constitutes your acceptance of the terms of such revised Notice.

## 5. Complaints

If you believe that your privacy rights have been violated or that we have not followed our obligations under HIPAA, you may file a complaint with us and with the Secretary of Health and Human Services. We will not retaliate against you or penalize you for filing any such complaint.

To file a complaint with us, email [data\\_request@factor75.com](mailto:data_request@factor75.com) or call us at 888-573-5727 or write to 28 Liberty Street, 10<sup>th</sup> Floor, New York City, NY 10010, Attn: Legal Department

To file a complaint with the Secretary of Health and Human Services, call 877-69606775 or write to 200 Independence Avenue, S.W., Washington, D.C. 20201, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

## 6. Contacting Factor

To exercise any of your rights set forth in this Notice, or for more information about our privacy practices, email [data\\_requests@factor75.com](mailto:data_requests@factor75.com), write to 28 Liberty Street, 10<sup>th</sup> Floor, New York City, NY 10010, or call 888-573-5727.