



Opt-In and Consent and Release Form

Last Modified: November 7th, 2023

The following Terms of Use ("Agreement") govern your use of the software, services, and websites (collectively referred to as the "Services") provided by Pont Inc("we," "us," "our," or "Pont").

1. What is Pont?

Pont partners with your healthcare provider to provide medication management tools and help you reduce the cost of prescriptions. These tools may include, for example, generating a coupon or cost- savings code based on your healthcare provider's prescription that is sent to you electronically, such as via SMS text message or email, or sending you medication reminders or messages related to your medications or alternative therapies. You can use the coupon or discount code instead of insurance, which may help you save on your prescription costs. Pont does not charge you a fee for the coupons, codes, or other messages, but mobile phone carrier message and data charges may apply.

2. How Do I Opt-In?

You can opt-in to receive text messages, (hereafter, "Electronic Messaging") from Pont by completing our opt in process online. This form provides information about Pont and the risks and conditions of Electronic Messaging. You do not have to agree to this process and your healthcare provider will treat you regardless of whether agree to this form. If you do not agree to this form, you will not receive access to the electronic messaging, or Pont's other medication management tools via SMS or email. SMS opt in consent is not required to utilize Pont products. Pont suggests you use email or another form of communication if you wish to use our services but not through SMS.

3. How Will Pont Use My Information?

Pont may collect, use, and disclose information about you, such as your name, phone number, prescribed medication, pharmacy, health insurance, and other contact information that is on file with your healthcare provider, pharmacy, or otherwise provided to Pont. Pont will use the information collected to generate and transmit coupons or cost-savings codes, and to transmit health-related materials to you, such as information about other available drug options, via Electronic Messaging. The health-related materials may include information and advertising related to treatments and therapies specific to your health status. Pont will share your de-identified health information (stripped of any originator opt-in data and consent or PII) with third parties, such as pharmacy purchasing groups, pharmacy benefit managers (PBMs), pharmacies, and others that participate in a marketplace (the "Network") to identify potential pricing options, discounts, and cost savings. Pont may also share your health information (including your prescription purchases or coupon usage) with your health plan, such as to allow your health plan to receive manufacturer discounts or rebates. Some of these uses and disclosures may constitute marketing communications. By signing below, you consent to receive marketing text messages and other communications from Pont. Pont may only display coupons, codes, or discounts offered by Network participants, and not all available sources. Pont is compensated by Network participants, pharmaceutical manufacturers, and others and may receive payment based on your use of the coupons, codes, or medication purchases. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

4. Are There Risks Involved?

Electronic Messaging may be in an unencrypted form, including SMS text message and email. Unencrypted communications are not confidential and may not be secure. Transmitting health information by text, email, or other unencrypted communication has a number of risks that you should consider before opting-in to use Electronic Messaging for these purposes. These risks include, among others, that the Electronic Messaging may be intercepted and read by a third party, easily forwarded, misaddressed or sent to unintended recipients, stored electronically or on paper and / or further distributed, or otherwise accessed or used by third parties (including by your telecommunications carrier or others with access to your cellular or email account) without authorization or detection. Pont will send Electronic Messaging to the telephone number(s) and email address(es) on file with your healthcare provider. You should ensure this information is kept up-to-date and phone numbers are removed if you no longer use them. The discount codes, coupons, and other messaging may reveal sensitive medical information, such as prescription information related to treatment for sexually transmitted diseases,

reproductive care, AIDS / HIV, mental / behavioral health, or alcohol / drug / substance abuse. Those with access to the cellular or email account may view this information. You should not opt -in to Electronic Messaging if you are concerned about the privacy or confidentiality of this information or do not want this information viewed by account holders or others with access to the account. Pont cannot guarantee the security and confidentiality of Electronic Messaging and will not be liable for any improper use or disclosure of confidential information.

5. What If I Want to Opt-Out?

You can stop participating in Electronic Messaging by informing Pont in writing at [support@pontrx.com, attention Privacy Official]. You can also opt out of the text messages at any time by replying “STOP” to the message.

6. RELEASE.

I FULLY RELEASE AND WAIVE ANY AND ALL CLAIMS THAT MAY ARISE AGAINST PONT AND MY HEALTHCARE PROVIDER RELATED TO(1) THE ELECTRONIC MESSAGING(INCLUDING TEXT MESSAGES AND EMAILS) AND(2) PONT’S USES AND DISCLOSURES OF MY INFORMATION AS DESCRIBED HEREIN, INCLUDING BUT NOT LIMITED TO ANY CLAIMS, CAUSES OF ACTION, OR LAWSUITS BASED ON ANY ASSERTED VIOLATIONS OF LAW(INCLUDING BUT NOT LIMITED TO THE TELEPHONE CONSUMER PROTECTION ACT, THE TRUTH IN CALLER ID ACT, THE CAN- SPAM ACT, THE FAIR DEBT COLLECTION PRACTICES ACT, THE FAIR CREDIT REPORTING ACT, THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, AND ANY SIMILAR STATE OR LOCAL ACTS OR STATUTES, AND ANY FEDERAL OR STATE TORT OR CONSUMER PROTECTION LAWS), TO THE FULLEST EXTENT PERMITTED BY LAW.

7. Acknowledgement and Agreement.

I have read and fully understand this consent and release form. I understand the risks associated with Electronic Messaging from Pont, and I consent to the conditions outlined herein.

I understand that Pont will send Electronic Messaging, which may including marketing messages and autodialed communications, to the telephone number(s) and email address(es) in my patient account.

For personal representatives, please complete the following:

I represent that I am the personal representative of the patient identified above, am entitled to access this patient's protected health information, and have authority to act on behalf of the patient. When my legal authority to act on behalf of the patient ends, I must immediately notify Pont in writing at [support@pontrx.com, attention Privacy Official]. Please specify (and provide proof *) of your authority to act on behalf of the patient identified above.

A minor individual's consent is required for the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse and mental health treatment.

Electronic Messages may contain health information of a minor and may be accessible to those, such as a parent or guardian, with access to the cellular or email account.

****Pont is not insurance.** The coupons and discounts codes Pont makes available cannot be used in combination with any form of insurance, including but not limited to Medicare or Medicaid. Pont does not offer medical advice or prescription medications and does not recommend or endorse any specific medication, treatment, pharmacy, healthcare provider, PBM, or other information. You should seek medical advice from a healthcare professional before starting, changing or stopping any medical treatment.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

1. Authorization for Disclosure:

I authorize my healthcare provider and pharmacy to disclose the health information described in this authorization to Pont, Inc. ("Pont") for purposes of facilitating access to medication management tools and electronic messaging available through Pont, including messaging related to medication reminders and potential savings in connection with my prescriptions and treatment. I understand that Pont may use my health information to generate and transmit coupons or cost- savings codes and health - related materials to me via electronic messaging and otherwise provide the medication management tools and electronic messaging to me, conduct analytics, and for its own internal purposes. I further understand that Pont will disclose my health information to third parties, such as pharmacy purchasing groups, pharmacy benefit managers (PBMs), pharmacies, and others that participate in a marketplace to identify potential pricing options, discounts, and cost savings. Pont may also disclose my health information (including my prescription purchases or coupon usage) to my health plan, such as to allow my health plan to receive manufacturer discounts or rebates. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

2. Marketing Authorization:

I may receive coupons, discount codes, or electronic messages related to treatments and therapies specific to my health status in connection with this authorization, which may be considered marketing communications. Pont is compensated by pharmacy purchasing groups, pharmacy benefit managers (PBMs), pharmaceutical manufacturers, and other third parties in connection with these communications and may receive payment based on my use of the coupons or codes and medication purchases. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

3. Health Information to Be Disclosed:

I authorize the disclosure of all health information, including but not limited to records and other information regarding my prescriptions, treatment, pharmacies, demographic and contact information. This information may specifically include mental health records, drug, alcohol, or substance abuse records, genetic information, and HIV / AIDS test results and treatment.

4. Effective Time Period:

This authorization will remain in effect for so long as I may use Pont's tools and services and for six (6) years thereafter, unless my written revocation is received sooner.

5. Right to Revoke:

I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization to Pont, Inc. at [support@pontrx.com, attention Privacy Official]. I understand that prior actions taken in reliance on this authorization by individuals or entities that had permission to access and disclose my health information will not be affected.

6. No Denial of Treatment:

Individuals cannot be denied treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment, participation, or eligibility for benefits. I understand that I do not have to sign this authorization, and my healthcare provider will treat me regardless of whether I sign this authorization. If I do not sign this authorization, I will not receive access to the electronic messaging, advertisements, or Pont's other medication management tools.

7. Signature Authorization:

I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that

has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to covered entities as provided by 45 C.F.R. § 164.502(a)(1). This authorization is intended to constitute a valid authorization under federal and state privacy regulations, including the Health Insurance Portability and Accountability Act of 1996(HIPAA) and state law. Information disclosed by a healthcare provider pursuant to this authorization is subject to re - disclosure by the recipient and may no longer be protected by federal and state privacy laws. I have a right to receive a copy of this authorization.

A minor individual's signature is required for the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse and mental health treatment.