Legal Name:
D/B/A (if applicable):
Company EIN:

(1) Do you maintain a HiTrust and/or SOC II Type II certification?

> If yes: please attach a copy of the respective report and reply N/A to all questions below.
> If no: please provide an answer all questions listed below:

(2) Do you ask users for their permission before sharing or selling their data with other entities?
(3) After a user revokes your access to their data, do you delete the user's historical data from your systems?
(4) In the event of a data breach and/or security incident, do you notify your users of such breach and/or event?
(5) Is all data exclusively used, accessed, and transferred in the United States of America?
(6) Is all of the data you maintain encrypted in transit and at rest in accordance with generally recognized encryption processes?
(7) Do you perform regular security testing of your application and promptly remediate any discovered issues?
(8) Does your application require the creation of strong passwords and/or multi-factor authentication?
(9) Do you store the users' password/login credentials?
(10) Do you secure your applications in accordance with OWASP top 10 Web Application Security Risks?
(11) Does your application meet the accessibility requirements outlined in the Americans with Disabilities Act?

By signing below you hereby expressly certify that all answers provided herein are true and accurate. In addition, you hereby expressly agree that any and all uses of the 1upHealth Services shall be subject to, and in accordance with, and you hereby expressly agree to be bound by, the terms and conditions here - https://1up.health/policies/terms-of-service/.

_____
Name

_____
Signature

_____
Date