

Consent to ViviHealth's Collection, Use and Disclosure of Your Child's Information

By signing this form, you consent to ViviHealth's collection, use and disclosure of your child's information as set forth in ViviHealth's Privacy Policy, ViviCompanion and ViviCircle Privacy Policy and this Disclosure.

Please note: This consent does not apply to the data collection practices of any third parties. Third parties, including the content and linked websites or applications accessible by your child through ViviCompanion, that may collect, use, or disclose your child's information, are responsible for obtaining separate verifiable parental consent. We would encourage you to ask your child to check with you before they grant access to any of their personal information to such third parties.

ViviHealth routinely releases software updates for our products and services. When we do so, these updates will be available for download via the relevant application or service, including devices on which your child may use his or her ViviHealth account. We recommend that you initiate the update and review and agree to the applicable terms on any such device and any associated application or service.

If you have any questions or concerns regarding ViviHealth's Privacy Policy, ViviCompanion and ViviCircle Privacy Policy or this Disclosure, please contact us at 833-866-8484.

To provide consent, you must sign and return this form via fax, mail, or electronic scan. In addition, ViviHealth may require one or multiple acceptable methods of verification, including: receiving a copy of government issued ID to check against a relevant database; answer a series of knowledge-based challenge questions that would be difficult for someone other than you to answer, and/or connect to one of our trained personnel.

Parent full name

Address

(____) _____ - _____
Phone

Child full name

Date