

SCHEDULE A
PERSONAL INFORMATION CONFIDENTIALITY AGREEMENT

During the term of your Agreement with Dialogue Health Technologies Inc. or any of its subsidiaries or affiliates ("**Dialogue**"), you may have access to personal information including personal health information (together "**Personal Information**") from Canadian citizens or individuals residing in Canada.

Personal Information is protected by federal, provincial and territorial privacy laws and regulations and said laws legally govern Personal Information collected, used, stored, and disclosed by Dialogue. In certain provinces, Personal Information is protected by specific health information laws. For example, Alberta's *Health Information Act* is a privacy legislation that sets out specific requirements regarding the collection, use, disclosure and protection of Personal Information. This agreement incorporates the requirements established by these laws.

As such, you are required to acknowledge each term of this agreement:

1. I am aware that the Personal Information of members, employees, and contractors that comes to my attention as a result of my employment with or performance of services for Dialogue, must be kept confidential and secure as per applicable laws and Dialogue's policies, both during and after the term of my Agreement with Dialogue.
2. I am aware that Dialogue has policies and procedures regarding the privacy, confidentiality, and security of Personal Information, including Dialogue's Internal Privacy Policy and the privacy-related guidelines referenced therein. I understand that it is my responsibility to familiarize myself with and adhere to these policies and guidelines. I understand that I am to review these policies and procedures and attend training sessions at the time of hire, annually, if I change roles to one greater access to or responsibility for personal health information, or as a result of a security incident or a privacy breach. I acknowledge and agree that policies and procedures provided in the onboarding package may be amended at Dialogue's sole discretion from time to time.
3. I acknowledge that I have read, understood and agree to comply with the provisions relating to privacy, confidentiality and security outlined in my Agreement, including any schedules thereto, as applicable, as well as Dialogue's Internal Privacy Policy, the privacy-related guidelines reference therein, and the Code of Business Conduct.
4. I will access and use the Personal Information of members only on a "need to know" basis as it pertains to my role and responsibilities.
5. I understand that under no circumstances may confidential and/or Personal Information be communicated either within or outside of Dialogue, except to other persons who are authorized by Dialogue to receive such information, including after I cease to be employed at Dialogue.
6. I will strive to keep member Personal Information accurate and up-to-date.
7. I agree that I will not alter, destroy, copy, or interfere with this information, except with authorization and in accordance with the policies and procedures.
8. I understand that I cannot access my own Personal Information or that of family, friends, or co-workers unless I need to do so as part of my official duties and responsibilities with Dialogue.

9. Should I have reason to believe that a privacy breach has occurred, I will notify the Privacy Officer immediately.
10. I agree to keep any computer access codes (such as passwords) confidential and secure. I will protect physical access devices (such as keys and badges) and the confidentiality of any information being accessed.
11. I understand that my use, if any, of the electronic applications, notably the “Care platform” may be monitored to ensure appropriate confidentiality and security of Personal Information, or to ensure member safety. Audit and access logs may be reviewed periodically by Dialogue’s system administrator and/or in the event of a suspected breach of security or privacy. Authorized health service providers may access and use information in the Care platform when:
- a. They are in a current care relationship with the individual who is the subject of the information;
 - b. They are providing health services to the individual either in the presence or absence of that individual;
 - c. Their access to the information is necessary for the provision of the health services or for making a determination for a related health service; and
 - d. The information is related to and necessary for the current session of care.
12. I hereby acknowledge that failure to comply with the terms of this agreement, applicable and relevant laws or regulations, and/or Dialogue’s policies and practices can lead to disciplinary actions, which may include termination of access, withdrawal of privileges, termination of your Agreement with Dialogue, claims for damages, prosecution, and professional sanctions, as applicable.
13. I understand that I can refer to the Privacy Officer for the details of these policies and any other information required for me to understand my obligations.

This agreement is governed by the laws in the province or territory in which you are employed and the federal laws of Canada applicable in that province or territory, and any dispute arising from the said agreement shall be submitted to the exclusive jurisdiction of the competent courts of Montreal, Quebec.

Signature:

Employee, Contractor, or Consultant
Name: [Employee, Contractor or Consultant Name]
Signature:

Date: