VIVID VAULT HEALTH SOLUTIONS, LLC

PARENT OR GUARDIAN CONSENT FORM

Version dated November 16, 2026

Kinapse is a personal health record app for individuals and families. Before you can view or add information to your child's profile, we need your consent and proof that you are the child's parent or legal guardian. Please read this form, complete and sign it, and upload a photo or scan of the signed form in the Kinapse app, together with your government-issued photo identification and proof of guardianship. Please complete a separate form for each child.

1. Why We Need Your Consent:

Your consent is required before Vivid Vault Health Solutions, LLC, doing business as Kinapse ("**Vivid Vault**", "we", or "us") collects, uses, or shares any information about your child. If you do not give consent, we will not collect, use, or share any information about your child. If we do not receive your completed form within 30 days after you start your child's profile, we will delete the profile and any information entered in it, including your child's name.

2. What Information We Collect:

2.1 About Your Child. Your child's name and date of birth, and the health information you (or, for a teen, your teen) choose to enter or upload, such as medical records, visit notes, test results, immunization records, medications, allergies, conditions, appointments, health questionnaire answers, family health history, documents and photos of records, reminders, and goals.

2.2 Children Under 13. A child under 13 never signs in to the app. All information in the child's profile is entered or uploaded by you or another verified parent or guardian.

2.3 Teens Ages 13 to 17. A teen has their own login. Information your teen adds is not shared with you unless your teen chooses to share it. HealthEx, which lets adults retrieve their own medical records, is not available to anyone under 18.

2.4 Devices. No wearable device or health app may be connected to the profile or account of anyone under 16. If your teen is 16 or 17 and connects Apple Health, Health Connect, a WHOOP device, or an Oura Ring, the app shows that information to your teen but does not store the readings in our database.

2.5 About You. Your name, email address, phone number, relationship to the child, a copy of your government-issued photo identification, proof of guardianship (such as a birth certificate or court order), and this signed form.

3. How We Use Your Child's Information:

We use your child's information only to provide the Kinapse app to you and your child: to store, organize, and display it, share it with the people you choose, send the reminders you turn on, create reports you ask for, keep the app secure, and comply with the law. We never sell your child's information, use it for advertising, or use it to train artificial intelligence models.

4. Who We Share It With:

4.1 People You Choose. Family members, caregivers, or health care providers you choose to share with through the app. For a teen, the teen decides what is shared.

4.2 Service Providers. Companies that host and operate the app for us under contracts that limit their use of the information: Amazon Web Services (hosting, encrypted storage, and reading the text of uploaded documents), Google Firebase (push notifications), Sentry (error reporting, with personal information filtered out), RevenueCat (managing subscriptions), SPIKE (connecting Apple Health and wearable devices; SPIKE receives the Device Data you choose to share and passes it to us); and HealthMeasures / Northwestern University (scoring health questionnaires; it receives your answers but not your name or contact details). HealthEx, which lets adults retrieve their own medical records, is not available to anyone under 18. We also receive information from the sources you choose to connect, which handle your information under their own terms and privacy policies and are not our service providers: Apple Health, Google Health Connect, WHOOP, Oura, and HealthEx.

4.3 As Required by Law. When required by law, such as in response to a court order.

You may consent to our collection and use of your child's information without consenting to sharing it with anyone other than the service providers needed to run the app.

5. How We Verify You:

Our staff review each submission. Until we approve it, you can set up your child's profile but cannot view or add records or connect anything to it. After we approve your submission, we delete the copy of your identification and keep a record of the date, the reviewer, and the method we used. We keep your proof of guardianship for as long as you have access to your child's profile.

6. Your Rights:

At any time, you may review your child's information, ask us to correct or delete it, and refuse to let us collect or use any more of it, in the app or by emailing together@kinapseapp.com. You may also withdraw this consent at any time. If you withdraw it, we will stop collecting your child's information and lock your child's profile, you may download your child's records for 14 days, and we will then delete them. When your child turns 18, your child will be asked to confirm or change who can see their information, and your access will end after 30 days unless your child confirms it.

7. More Information:

Our Privacy Policy, at https://vividvaulthealth.org/privacypolicy/, explains our practices in more detail, including how long we keep information. You can contact us at Vivid Vault Health Solutions, LLC, 1200 Pearl St., Suite 314 PMB 7897, Boulder, Colorado 80302, by email at together@kinapseapp.com, or by phone at (512) 968-2031.

8. Consent and Signature:

You can type directly into the shaded boxes on a phone or computer, or print the form and complete it by hand.

Child's full name:

Child's date of birth:

Parent or guardian's full name:

Email address used for your Kinapse account:

Relationship to child (check one): ☐ Parent ☐ Legal guardian

Please check each box that applies:

- ☐ I am the parent or legal guardian of the child named above, and I have the legal authority to give this consent.
- ☐ I have read this form and the Privacy Policy, and I consent to Vivid Vault collecting, using, and storing my child's information as described in them.
- ☐ I consent to Vivid Vault sharing my child's information with the people I (or, for a teen, my teen) choose through the app. (Optional. If you leave this box unchecked, my child's information will be shared only with the service providers needed to run the app and as required by law.)
- ☐ I accept the Terms of Use and the Privacy Policy on my child's behalf.
- ☐ If my child is 13 or older, I understand that my child has their own login, that information my child adds is shared with me only if my child chooses, and that my child also accepts the Terms of Use.

Signature: *Sign here (draw with your finger or mouse, or sign by hand after printing)* Date:

Please upload a photo or scan of this signed form in the app, together with your government-issued photo identification and proof of guardianship.