



Program Instructions

To Keep for Your Records

- Notice of Privacy Practices
- Program Agreement

To Return to AbleTo

- Acknowledgment of Receipt of Notice of Privacy Practices
- Program Participation Agreement
- Self-addressed, stamped envelope

After reviewing the Notice of Privacy Practices, please sign the Acknowledgment of Receipt of Notice of Privacy Practices and the Program Participation Agreement. Please also print your full name and date, before returning the signed documents to AbleTo. A self-addressed, stamped envelope is included for your use.

You can also scan and email the signed Acknowledgment of Receipt of Notice of Privacy Practices and the Program Participation Agreement to service@AbleTo.com or fax the document to 1 (866) 287-8390.

If you have any questions, please feel free to contact us by email or phone, at 1 (866) 287-1802 or service@AbleTo.com.

AbleTo Service Centers hours are Monday to Friday, from 9 a.m. to 8 p.m. (EST). Please leave a message if you are calling after hours and we will return your call as soon as possible.

A. Provider Notice of Privacy Practices

This notice describes how **medical information** about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Medical Information Privacy Notice

Effective September 1, 2021

We¹ are required by law to protect the privacy of your health information. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, and if we maintain a website, we will post a copy of the revised notice on our website [https:// www.ableto.com/privacy/](https://www.ableto.com/privacy/). If we maintain a physical delivery site, we will also post a copy at our office. The notice will also be available upon request. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

How We Use or Disclose Information

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to bill for your health care and to operate our business. For example, we may use or disclose your health information:

¹ This Medical Information Notice of Privacy Practices applies to the following provider that is affiliated with Optum, Inc.: AbleTo Behavioral Health Services, P.C; AbleTo Licensed Clinical Social Workers Services, P.C.; AbleTo Behavioral Health Services of Michigan, P.C. and AbleTo Behavioral Health Services of New Jersey, P.C.

- **For Payment.** We may use or disclose health information to obtain payment for health care services. For example, we may disclose your health information to your health plan in order to obtain payment for the medical services we provide to you. We may ask you for advance payment.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care. For example, we might analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, it is no longer subject to this notice and we may use it for any lawful purpose.
- **To Provide You Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Reminders.** We may use or disclose health information to send you reminders about your care, such as appointment reminders with providers who provide medical care to you or reminders related to medicines prescribed for you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as

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licensure, governmental audits and fraud and abuse investigations.

- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and permitted by law.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information:
 1. Alcohol and Substance Abuse
 2. Biometric Information

3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases;
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or “revoke” your written authorization at any time in writing, except if we have already acted based on your authorization. To find out how to revoke an authorization, use the contact information below under the section titled “Exercising Your Rights.”

What Are Your Rights

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. **Please note that while we will try to honor** your request and will permit requests consistent with our policies, we are not required to agree to any restriction other than with respect to certain disclosures to health plans as further described in this notice.
- **You have the right to request that we not send health information** to health plans in certain circumstances

if the health information concerns a health care item or service for which you or a person on your behalf has paid us in full. We will agree to all requests meeting the above criteria and that are submitted in a timely manner.

- **You have the right to ask to receive confidential communications of information** in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of certain health information we maintain about you such as medical records and billing records. If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect or obtain a copy of your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain health information we maintain about you such as medical records and billing records if you believe the information is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website, we will post a copy of the revised notice on our website. You may also obtain a copy of this notice on our website, <https://www.ableto.com/privacy/> or by calling 1-646-558-3245.

Exercising Your Rights

- **Contacting your Provider.** If you have any questions about this notice or want information about exercising any of your rights, please call 1-646-558-3245.

- **Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or canceling a confidential communication, requesting copies of your records, or requesting amendments to your record, to us at the following address:

AbleTo, Inc.

320 W 37th Street, 5th Floor

New York, NY 10018

- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

B. Program Agreement

A. Parties, Purpose. Administrative services for the Program (as defined in Section “B”) are provided by AbleTo, Inc. All clinical services are provided by AbleTo Behavioral Health Services, P.C. or other professional service entities to which AbleTo provides administrative services (AbleTo Behavioral Health Services, P.C. and such professional service entities collectively, “AbleTo P.C.,” and together with AbleTo, Inc. are hereinafter to as “AbleTo”. AbleTo provides a professional profile of all providers on your treatment team including licensure, education and experience.

“**Participants**” are individuals for whom it has been determined by a healthcare professional that the Program may be clinically beneficial and who agree to engage in the Program. This Program Agreement (“Agreement”) is by and among AbleTo and the Participant whose name and signature appears below. This Agreement sets forth the terms and conditions for Participant’s enrollment in the Program and the Participant’s consent to treatment by AbleTo P.C.

B. Programs. AbleTo P.C. provides telehealth behavior change programs to Participants seeking to better manage challenges associated with a medical or life transition event using interactive audio and/or video technologies where you and the healthcare professional are not in the same physical location (the “**Program**”). You can form an ongoing treatment relationship with a healthcare professional; however, your initial visit may begin as a consultation (e.g. to determine the most appropriate treatment setting for you to receive care) and will not necessarily give rise to an ongoing treatment relationship. You should seek emergency help or follow- up care when recommended by a healthcare professional or when otherwise needed, and continue to consult with your other healthcare providers as recommended. Among the benefits of our services are improved access to healthcare and convenience. However, as with any health service, there are potential risks associated with the use of technology as more fully set forth below in Section H. Data Security.

C. Non Discrimination. AbleTo treats all Participants during engagement and treatment in the Program with equality and in a welcoming manner that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law.

D. Participation. Participation in the Program requires attendance by the Participant at all appointments (by telephone or web-based secure videoconference) with a Program Therapist (a “**Therapist**”) or Behavioral Coach (a “**Coach**”). Program Therapists are licensed clinical social workers or equivalent.

The first appointment that takes place with a Therapist is referred to as an “Initial Consultation.” This is a formal assessment to help determine if telehealth services are appropriate for a potential Participant and to provide the potential Participant with all possible treatment options. If it is determined by the Therapist that the potential Participant may benefit from the Program and the potential Participant agrees to participate in the Program pursuant to the terms of this Agreement, he or she will be deemed a Participant.

Each Participant agrees to provide his or her Therapist and Coach with accurate and complete information about his or her medical and mental health history, including, but not limited to, past illnesses, allergies, hospitalizations, and current medications. Participants are responsible for engaging in treatment planning and decision-making and are supported by the Therapist and by Coach in self-management of treatment goals. Participants can contact their Therapist and Coach directly if they have any questions about the Program or their participation, or can contact AbleTo's

Service Center at : 1-(866)-287-1802, Hours of Operation: Monday-Friday 9am-8pm ET

After Hours Contact: 1-(866)-287-1802

- E. Delivery.** The Program is delivered via telephone or web-based secure video conference. Each Participant will receive a unique login identification and private password that will allow the Participant to access AbleTo's secure telehealth program platform. From the telehealth program platform, the Participant can access the Program, including relevant Program materials and resources, personal health information, and utilize the video conference capability – if selected – to access program sessions with the Therapist and/or Coach. Participants will need a minimum of Broadband DSL connection to utilize the secure video conference. AbleTo will provide a computer headset and technology support to Participant upon request.
- F. Scheduling, Attendance and Rescheduling.** The Program takes place over the course of approximately nine weeks and requires each Participant to meet once weekly with a Therapist and once weekly with a Coach (except for the final week of the Program, when the Participant meets only with a Therapist).

Session times are reserved in advance of service, and it is critical that each Participant adhere to the schedule and attend all sessions.

Therapists and Coaches will make reasonable efforts to reschedule a session if a Participant or his or her dependents have a personal emergency, illness, or an unanticipated work/school event that necessitates an absence. In such a case, the Participant must make every effort to notify his or her Therapist or Coach at least 24 hours in advance of the session to be missed. If a Participant misses more than one session without following this procedure, AbleTo may, at its discretion, terminate the Participant's participation in the Program early.

- G. Confidentiality of Personal Information.** All personal information that Participants send, enter online, or otherwise communicate to AbleTo will be treated as confidential, in accordance with the privacy practices set forth in AbleTo's Notice of Privacy Practices, which is available to a Participant on the Participant Platform and via mail by request. In order to optimize the benefits each Participant derives from the Program, information provided by the Participant will be shared by the Participant's Therapist and Coach with each other and with designated program advisors in accordance with the terms of the Notice of Privacy Practices.

In the case of an emergency or if compelled by statute, court order, or other lawful procedure, personal information may be shared with emergency services or other relevant authorities, as allowed by applicable law, rule, or regulation and as set forth in the Notice of Privacy Practices. In such a case, AbleTo may also share relevant personal information with its legal counsel. For further information on privacy of personal information, see AbleTo's Notice of Privacy Practices.

H. Data Security. AbleTo has a robust Compliance Program and takes reasonable technical, physical, and administrative measures to protect the security of personal information. AbleTo's privacy practices for Participants may be found at Login and in the participant platform. Participants acknowledge that, despite these measures, it is impossible to guarantee absolute security with respect to information sent through or stored on the Internet. These risks include, but may not be limited to:

- In rare cases, information transmitted may be insufficient for healthcare decision-making.
- Disruptions can occur due to failures of the electronic equipment or internet connection. If this happens, you may be contacted by phone or other means of communication.
- Although we incorporate strong security protocols to protect the confidentiality of your health information, in rare instances security protocols can fail, causing a breach of confidentiality.

Additionally, as part of providing you the services, we may need to provide you with certain communications, such as appointment reminders, service announcements and administrative messages (“Communications”). While secure electronic messaging is always preferred to unsecure messaging, under certain circumstances, unsecure email and/or SMS text communications containing personal health information may take place between you and AbleTo. AbleTo cannot ensure the security or confidentiality of messages sent by email and/or text messaging. By participating in the Program, Participants accept and consent to the risks inherent in the use of the Internet, and unsecure email and/or text messaging to the mobile number you and/or your health plan provided us and agrees to hold AbleTo harmless for any loss of personal information of the Participant due to a breach of AbleTo's data despite AbleTo's technical, physical, and administrative measures to protect such data. You can withdraw your consent to receive Communications by contacting compliance@ableto.com and/or calling the AbleTo Service Center at 1-866-287-1802 and may hit the “unsubscribe” at the bottom of the email to unsubscribe from further emails. You can opt-out of future Communications through SMS text message by replying “STOP” or by calling AbleTo Service Center 1-866-287-1802.

I. Use of De-Identified Data. In an ongoing effort to better understand and serve Participants, AbleTo may conduct research using de-identified personal health information and other information provided by Participants during the Program. AbleTo may also share this de-identified data with researchers, relevant partners, publications, and other third parties as permitted by law, rule, and regulation and in accordance with the Notice of Privacy Practices. By participating in the Program, Participants acknowledge this use of de- identified data and understand that it will not personally identify a Participant.

J. No Warranty; Release from Liability. Although behavioral therapy of the type provided in the Program is highly effective for many people, there can be no assurance that a Participant will achieve the objectives of the Program, and AbleTo nor their officers, directors, agents, members, stockholders, employees, or representatives makes any warranty, whether express or implied, as to the efficacy of the Program for any particular Participant.

Participant releases and discharges AbleTo and their officers, directors, agents, members, stockholders,

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employees, and representatives from any and all claims, suits, damages, demands, actions and causes of action relating to the Program and his or her participation in it.

- K. Release of Information to Other Treating Practitioners.** Participant understands and consents to the following: AbleTo can release any and all personal health information to any treating provider (and/or its practice) who referred Participant to AbleTo for coordination of care purposes. Upon a Participant's written request or in compliance with applicable laws, rules, and regulations, and pursuant to the Notice of Privacy Practices, AbleTo (or Therapist or Coach) will release the Participant's personal health information to other treating practitioners of the Participant.
- L. Change in Clinical Circumstance.** If a Participant's Therapist determines that the Program is no longer appropriate to address the Participant's needs, AbleTo may terminate the Program early. In such a case, AbleTo will make reasonable efforts to facilitate the Participant's transition to an alternate provider.
- M. External Resources.** If you or someone you know is struggling or in crisis, you can call or text 988. The 988 Suicide and Crisis Lifeline serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help. States also offer dedicated mental health crisis services to address and support acute mental health needs of community members (such as mobile mental health crisis teams and crisis walk-in clinics). State level resources can be found below:

For Maine residents: The confidential Maine Crisis Line can be reached 24 hours a day, 7 days a week at 1-888-568-1112 (Voice) or 711 (Maine Relay).

For mental health crisis services available in all 50 states, visit:

<https://www.ableto.com/emergency-resources/state/>.

- N. Third Party Payer.** This section only applies to Participants whose cost of participation in the Program will be reimbursed by a third party payer, such as a health plan or insurance company (such entity a "Payer").
- i. Applicable laws, rules, and regulations may permit AbleTo to release diagnostic, procedure, billing, attendance and other health-related information to a Payer, and Participant acknowledges and agrees that AbleTo may release such information to a Payer in accordance with the Notice of Privacy Practices.
 - ii. Payers may make payment(s) on Participant's behalf to AbleTo for any Program services provided by AbleTo. These payments do not, however, alleviate the Participant from any required cost sharing payments required by the Program and/or the Payer, nor does it alleviate the obligation of the Participant to reimburse AbleTo for services provided should the Payer fail to do so.
 - iii. The Participant is responsible to notify AbleTo of any changes to applicable Payers, so that AbleTo may assess the impact of those changes in coverage. In the event that Payer terminates its coverage of a Participant and/or no longer reimburses AbleTo for services provided, Program sessions will end, and AbleTo will transition the Participant's care in accordance with relevant laws, rules, and regulations and assist the Participant in developing an interim plan (for example, with a clinic that provides behavioral health services on a sliding scale, or instructions on when to use emergency services) until AbleTo receives reimbursement on behalf of the Participant or the Participant transitions his or her care.

O. Complaint Process. Participants have the right to file a complaint for any of the following reasons:

- i. Discrimination on the basis of race, color, national origin, age, disability or sex.
- ii. Failure to provide services to accommodate a disability.
- iii. Failure to provide services for limited English proficiency.
- iv. Violation of privacy.
- v. Dissatisfaction with Telehealth Program Delivery.

All complaints can be filed with AbleTo's Compliance Department at:

AbleTo Service Center - Complaints

Address: 320 West 37th Street, 5th Floor New York, NY 10018

Telephone: 1-866-287-1802

Email: service@ableto.com

If you are not happy with the resolution of your complaint you can file an Appeal with the Clinical Quality Management Committee at:

AbleTo Service Center - Appeals

Address: 320 West 37th Street, 5th Floor New York, NY 10018

Telephone: 1-866-287-1802

Email: service@ableto.com

P. Acknowledgment and Agreement

By signing this form, the Participant ("I" or "me") understand and agree to the following:

- i. I understand that the Notice of Privacy Practices, which has been made available to me, explain to me how my personal protected health information will be handled by AbleTo. In the event of any conflict between the terms of this Agreement and the Notice of Privacy Practices, the terms of the Notice of Privacy Practices govern.
- ii. The Program has been explained to me, including all information relevant to my treatment, and behavioral healthcare professionals familiar with the Program have been made available to answer any questions I may have about the Program and my treatment in it. I hereby give my consent to treatment in the Program.

I understand that I have the right to withdraw my consent for treatment in the Program at any time. I understand that withdrawing my consent will result in the termination of my treatment in the Program again in the future. I understand that my withdrawal of consent is required in a signed writing delivered to AbleTo at the address set forth in the footer of this Agreement.

- iii. I understand that a variety of alternative methods of behavioral health care may be available to me, and that I may choose one or more of these at any time, though such participation may cause my termination

from the Program. Participation with AbleTo's Telehealth Programs is voluntary.

- iv. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured, nor have any results been guaranteed, assured, or otherwise promised to me by AbleTo or any of its agents or representatives.

If your first date of service with us was due to an emergency, we will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Signature of Participant appears on the following page

C.Acknowledgment of Receipt of Notice of Privacy Practices

*Please complete and sign form, and send us back the copy

I have received AbleTo's Notice of Privacy Practices.

Print Name

Signature (Participant or Personal Representative)

Date

If Personal Representative, describe relationship

Please sign and return by email to **service@AbleTo.com** or by mail using the enclosed envelope addressed to:

AbleTo, Inc
320 West 37th Street, 5th Floor
New York, NY 10018
Attention: AbleTo Service Center

For office use only

Participant ID _____

D. Program Participation Agreement/Consent For Treatment

*Please complete and sign form, and send us back the copy

I, the Participant, have read and understand the information contained in this Agreement regarding the Program, have discussed the Program with representatives of AbleTo, and all of my questions regarding the Program, this Agreement, or my potential participation in the Program have been answered to my satisfaction. I am aware that this document is available upon request.

I hereby agree to the terms of this Agreement and give my voluntary informed consent for participation in the Program and to the provision of care, diagnosis and/or treatment by AbleTo. I hereby acknowledge that such consent will remain in effect unless and until I cancel such consent in writing. I hereby acknowledge and confirm that I am mentally capable of giving informed consent to the provision of the care, diagnosis and/or treatment and am not subject to duress or under undue influence.

Print Name

Signature (Participant or Personal Representative)

Date

if Personal Representative, describe relationship

*If this consent is signed by someone other than the Participant, it must be signed in Participant's presence.

Please sign and return by email to **service@AbleTo.com** or by mail using the enclosed envelope addressed to:

AbleTo, Inc
320 West 37th Street, 5th Floor
New York, NY 10018
Attention: AbleTo Service Center

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