Consent, Service Agreement & Limited Release

Goodturn is a free care navigation service provided by Sympto Health, Inc., doing business as Rely Health. In this agreement, “Goodturn” means Sympto Health, Inc. and the Goodturn service it provides.

In consideration of Goodturn’s agreement to provide the free navigation service described below, and of the mutual promises in this agreement, I agree as follows.

My eligibility

I am at least 18 years old, live in Kansas, Texas, or Louisiana, and am requesting help for myself. I can make my own decisions about the assistance I receive.

Permission to help

I authorize Goodturn’s assigned navigation staff to contact healthcare offices and community organizations as reasonably necessary to:

- Schedule or reschedule appointments I request.
- Check referral status and ask about scheduling or administrative next steps.
- Find community resources, such as food, housing assistance, or transportation.

Goodturn may use and share my name, contact information, and relevant appointment, referral, or resource details only as needed for this assistance. I may limit what is shared or ask Goodturn not to contact a particular organization.

Limits of the service

Goodturn provides administrative assistance. It does not diagnose conditions, interpret symptoms or test results, recommend treatment or medications, decide how urgently I need medical attention, or provide medical, legal, or insurance advice.

Goodturn cannot consent to treatment, make healthcare decisions, sign documents for me, or act as my medical power of attorney or legal representative.

This agreement does not authorize Goodturn to obtain medical records, access my patient portal, or use my login credentials. Any later records request will require a separate written authorization, as required by law or by the provider.

My choices, costs & outside services

Goodturn's navigation service is free to me. Goodturn will not bill my insurer for it. Outside providers and organizations may charge for their services. I decide whether to use those services and accept their charges. Goodturn cannot commit me to a purchase or financial obligation without my separate agreement.

I remain responsible for giving Goodturn accurate information, for my healthcare decisions and for confirming appointment instructions with the provider. Goodturn will make reasonable efforts to tell me whether a task is pending, completed, or cannot be completed. Goodturn does not guarantee an appointment, insurance coverage, benefit, resource, or result, or the quality or timeliness of any outside provider's or organization's services.

Contact permission & privacy

I authorize a Goodturn staff member to call me at the number below about this assistance. This permission does not include marketing, text messages, automated calls, prerecorded calls, or recording.

Phone number: _____

Voicemail: ☐ Name and callback number only ☐ Do not leave voicemail

Goodturn may use the information I provide to perform the tasks described above, document its work, and meet applicable legal obligations. Its privacy notice is available at goodturnhealth.com/privacy.

This agreement does not authorize selling my information, advertising uses, or unrestricted sharing. Any additional legally required privacy authorization must be obtained separately.

Limited release concerning outside organizations

To the extent permitted by applicable law, I release Goodturn and its officers, directors, employees, contractors, and navigation staff from claims based solely on the independent acts, omissions, or negligence of an outside provider or organization that Goodturn does not control.

This release does not excuse Goodturn's own negligent coordination, misrepresentation, unlawful disclosure, gross negligence, reckless conduct, or intentional misconduct. It does not waive rights that applicable law prohibits me from waiving.

Emergencies, withdrawal & expiration

Goodturn is not an emergency service and does not continuously monitor requests. For a medical emergency, call 911.

I may decline or withdraw permission at any time by telling my Goodturn navigator or using the contact details below. Withdrawal stops future work under this permission but cannot undo actions already taken. Some coordination tasks may no longer be possible after withdrawal. Goodturn may decline any request, or stop providing the service to me, at any time, including if a request is outside the scope of the service.

Goodturn email: prithvi@relyhealth.care

This permission ends when the assistance is completed, when I withdraw it, or 12 months after signing—whichever happens first.

General terms

Governing law and venue. The laws of the State of Delaware govern this agreement, without regard to conflict-of-laws rules. Any dispute about this agreement will be brought in the state or federal courts located in San Francisco, CA, except that I may bring an eligible claim in small claims court in the county where I live.

Severability. If any part of this agreement is found unenforceable, the rest of the agreement remains in effect, and that part will be enforced to the fullest extent permitted by law.

Entire agreement. This agreement is the entire agreement between Goodturn and me about the navigation service and replaces any earlier understandings about it. It does not replace any separate privacy consent or authorization I give Goodturn.

No third-party beneficiaries. This agreement is only between Goodturn and me. No outside provider, organization, or other person has rights under it, except that Goodturn's officers, directors, employees, contractors, and navigation staff may rely on the limited release above.

Limitation of liability. To the extent permitted by applicable law, Goodturn will not be liable for any indirect, incidental, special, or consequential damages arising from the navigation service, and Goodturn's total liability to me for all claims arising from this agreement or the service will not exceed $100. This limit does not apply to Goodturn's gross negligence, reckless conduct, or intentional misconduct, or where applicable law does not allow it.

My agreement

I UNDERSTAND THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY. I have had an opportunity to ask questions. I understand the service, its limits, and the limited release. I am signing voluntarily for myself and will receive a copy.

Full name: _____

Signature: _____ Date: _____

I agree to sign electronically and receive a copy electronically.