From: Ballard, Jonathan
Sent: Friday, April 16, 2021 11:27 AM
To: 'Jess.Edwards@leg.state.nh.us' <Jess.Edwards@leg.state.nh.us>; 'Canon Mark A. Pearson' <canonpearson@yahoo.com>; 'jc.salloway@unh.edu' <jc.salloway@unh.edu>
Cc: Williams, John <John.L.Williams@dhhs.nh.gov>; Wieters, David <David.E.Wieters@dhhs.nh.gov>
Subject: Information Requested Regarding Closed Loop Referral System

Dear Chairman Pearson, Representative Salloway, and Representative Edwards,

Thank you for reaching out to the Department of Health and Human Services to request information regarding the closed loop referral system used to coordinate services for program recipients. Please see the answers to your questions below and the attached requested documents. It continues to be our intent to provide all the necessary information regarding the work of the DHHS as requested by you and the members of the Health, Human Services, and Elderly Affairs Committee.

We look forward to discussing this service with committee members at your next meeting, if requested. David Wieters, DHHS Director of Information Services, and myself plan to attend your April 23th meeting.

With Kind Regards,

Jonathan

Jonathan Ballard, MD, MPH, MPhil, FACPM
Chief Medical Officer
NH Department of Health and Human Services
Office of the Commissioner
129 Pleasant Street
Concord, New Hampshire 03301
Mobile (603) 931-9012
Office (603) 271-9200

GOVERNANCE:

1. Provide a copy of the most recent Information/Data Governance policy
    - The Unite USA privacy policy is available at https://uniteus.com/privacy-policy/
    - DHHS Data Governance policy attached
    - The Confidentiality and Data Classification policies address key Data Governance areas, including but not limited to:
        - Controlled access of data
        - Data classification
        - Information security and data management training requirements
        - Background checks prior to accessing federally regulated data

        - Mandatory background re-checks every 5 years for department staff who must access federally regulated data as part of their work
        - Language addressing the confidentiality of DHHS data when an employee leaves the Department or when a contract ends
        - Safeguarding data on premise and while working remotely
        - Contractor requirements and responsibilities
    - To support data governance, the Department has adopted a standard Business Use and Confidentiality Agreement for department-wide use
2. Provide the names of the members of the DHHS Information/Data Governance committee
    - Elizabeth Gillett, DHHS Deputy Information Security Officer
    - Stephan Sisak, DHHS Data Warehouse/EBI Manager
3. Provide a copy of the formed used by the Department for Privacy Impact Assessments
    - Security Risk Assessment – Attachment enclosed
4. Provide the name of the lead (and supplemental) DHHS Privacy Officer(s) along with credentials such as CIPP, CISSP, etc
    - While Information Security and Privacy go "hand-in-hand" at the Department, Information Security is the Lead for safeguarding data assets as the Administrative, Technical, Physical, and Operational controls are, by industry standard, created by Information Security and IT to safeguard the confidentiality, integrity, and availability of data and minimize risk to said data. It encompasses the people, processes, and technologies required to manage and protect data assets. Whereas the Privacy Officer provides HIPAA Privacy Rule compliance guidance and training and ensures patients' rights in accordance with state and federal laws.
        - Elizabeth Gillett, DHSS Deputy Information Security Officer
        - Daniel J. Dister, CISSP, DoIT Chief Information Security Officer
        - Robert "Trey" Caryl, CISSP, DoIT Deputy Information Security Officer
        - Catherine Bernhard, DHHS Privacy Officer

ACQUISTION:

1. Provide a copy of the DHHS document related to Full and Open Competition in Contracting
    - Federal Uniform Administrative requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200.320 (c), (3), allow for a non-competitive procurement where the "public exigency or emergency for the requirement will not permit a delay resulting from publicizing a competitive solicitation." The Agreement was approved by the Governor pursuant to his RSA 4:45 and RSA 21-P:43 authority, whereby he suspended the Manual of Procedures 150 approval requirements. Cares Act funding for this Agreement was provided by the Governor's Office for Economic Relief and Recovery.

2. Provide a copy of the RFI used to solicit Unite US
    - The Department did not issue a competitive solicitation. Due to COVID-19 pandemic related national and state declared State of Emergency, New Hampshire's need for a closed loop referral system has greatly increased because pandemic response efforts often encourage isolation, which can be detrimental to the State's most vulnerable populations. Additionally, the COVID-19 pandemic response has resulted in limited provider availability and restricted access to services, requiring greater coordination to

ensure access to services by program recipients. Many patients and clients with complex cases rely on multiple providers, and may not have easy access to the Internet to find the services requiring additional support from the Department and contracted vendors. The Closed Loop Referral System has been implemented to enhance care coordination by connecting clients to the services that they need in a timely manner upon informed consent to share their information. In the interest of the public health and safety of the clients, we leveraged knowledge gained through DSRIP waiver program regarding the evaluation of several vendors providing closed loop referral services by the Integrated Delivery Networks. From that information, the Department evaluated the vendors ability to quickly respond and streamline the access to the services available in the state. Unite USA, Inc. was identified at the time of evaluation to be the sole provider of a closed loop referral system that could leverage an informed consent process to include language needed to be compliant with HIPAA and 42 CFR Part 2 as it relates to substance use data as well as be able to provide outcome based referrals, which is necessary in order to have a closed loop referral system.

3. Provide a copy of the DHHS "boiler plate" language covering Privacy and Security
    - Part 3 - Information Technology Exhibits; Exhibit O - Attachments and Certificates; DHHS Exhibit A - NH DHHS Information Security Requirements and DHHS Exhibit B - NH DHHS Business Associates and Qualified Service Organization Agreement (Pages 86-109) – referenced in the Agreement. Contract may be found on the New Hampshire Secretary of State website - https://sos.nh.gov/media/ex5j4myl/iij-gc-agenda-111820.pdf
4. Provide a copy of the Database Dictionary for Unite Us
    - Attachment A is a glossary of terms
5. Provide a copy of the Privacy Impact Assessment done on the Unite US system
    - Initial Security Risk Assessment was completed October 2020. Six-month post-implementation security Risk Assessment is scheduled for June 2021. Attached – "Security Risk Assessment – Unite Us Contract.pdf"
6. Explain why a sole source contract was chosen for acquisition.
    - The Department did not issue a competitive solicitation. Due to COVID-19 pandemic related national and state declared State of Emergency, New Hampshire's need for a closed loop referral system has greatly increased because pandemic response efforts often encourage isolation, which can be detrimental to the State's most vulnerable populations. Additionally, the COVID-19 pandemic response has resulted in limited provider availability and restricted access to services, requiring greater coordination to ensure access to services by program recipients. Many patients and clients with complex cases rely on multiple providers, and may not have easy access to the Internet to find the services requiring additional support from the Department and contracted vendors. The Closed Loop Referral System has been implemented to enhance care coordination by connecting clients to the services that they need in a timely manner upon informed consent to share their information. In the interest of the public health and safety of the clients, we leveraged knowledge gained through DSRIP waiver program regarding the evaluation of several vendors providing closed loop referral services by the Integrated Delivery Networks. From that information, the Department evaluated the vendors ability to quickly respond and streamline the access to the services available in the state. Unite USA, Inc. was identified at the time of evaluation to be the sole provider of a closed loop referral system that could leverage an informed consent process to include language needed to be compliant with HIPAA and 42 CFR

Part 2 as it relates to substance use data as well as be able to provide outcome based referrals, which is necessary in order to have a closed loop referral system.

7. How long had the Department been investigating the use of such a system?
    - Prior to the COVID-19 pandemic State of Emergency and acute need for a closed loop referral system, the department in conjunction with the Integrated Delivery Networks had been investigating the need for improved care coordination via a closed loop referral process for the last several years. Due to lack of funding, the department had not investigated a specific system and had a plan in place to rely on the Integrated Delivery Networks research and direction to implement a pilot solution to be utilized across the state.
8. Did the Department consider whether there was any other vendor in the market that could provide similar services?
    - Prior to the COVID-19 pandemic State of Emergency and acute need for a closed loop referral system, the Integrated Delivery Networks (IDN) began looking at closed loop referral solutions in 2017. The IDN leads presented to the community advisory group for the integrated delivery network their evaluation to include the two finalist systems (Open Beds and Unite USA) and their justification for the need of a closed loop referral network in New Hampshire to improve accountability, relationships between providers of both health care and social services, interoperability of health records and patient/client engagement to achieve a goal of supporting patients and clients to be able to obtain services through timely referrals and transitions of care. This product review by the IDN's was accomplished over two years and landed on the Open Beds and Unite Us solutions as the finalists. Based on the strengths that Unite Us had in community resources and Social Determinants of Health, combined with being patient/client centric, interoperable with EMR's, having a strong engagement team to support implementation, outcome based referral management and having a patient facing component for locating and communicating with services the IDN's recommended the implementation of the Unite Us network. As a result of the pandemic, the IDN's were unable to move forward on their planned implementation with Unite Us. The State leveraged that research, along with evaluating another product not recommended by the IDNs called Aunt Bertha, prior to implementing the closed loop referral system to fill the acute need for closed loop referral as a result of the COVID-19 pandemic State of Emergency. After meeting with Aunt Bertha and one of Aunt Bertha's references, Children, Youth and Families in Florida, it was identified that the Unite Us network came with two distinct advantages that the State of New Hampshire needed. First was the Unite Us solution provided the Department an engagement team that would be based in New Hampshire to embed themselves with the initiative to assist in the leadership of engaging, on-boarding and training the network participants. Secondly, the State was in search of an outcome based referral solution that the Unite Us platform provided. Based on the evaluation the Aunt Bertha system, it was determined that the Aunt Bertha solution was not able to provide the visibility to the acceptance of a referral or an outcome of that acceptance as required for patients' needs as a result of the COVID-19 pandemic State of Emergency. Additionally, the model that Aunt Bertha platform was a software solution that depended solely on the State of New Hampshire for developing and deploying an engagement process. As those two items were integral components of the closed loop referral solution for the acute need of clients during the COVID-19 pandemic State of Emergency and beyond, the State of New Hampshire decided to deploy the Unite Us

solution as it was determined to be the best fit for the organizational needs and ability to deploy in the short timeframe allotted by federal funding sources (by December 2020), the needs of clients during the COVID-19 pandemic State of Emergency and beyond, and able to meet the security, privacy and client needs for the State of New Hampshire.

9. What was it that made this vendor so unique in the industry?
    - See question 8 above

IMPLEMENTATION

1. Explain the “master patient index” file. What is it, what information does it include, and who owns it?
    - In relation to the contract requirement Part 3 – Information Technology Exhibits, Exhibit H B2.19 the goal is to ensure that all providers that have patient consent to see their information is able to search and access the client information accordingly. A master patient index in this system will be used as more network participants join the network and leverage integrations, e.g., a clinical provider could integrate their electronic medical record (EMR) system to the closed loop referral system so that a care giver may go into the provider system and access the patient information upon consent of the patient and make a referral and share their patient information on the network with a receiving provider. The master Patient index will ensure the patient record is not duplicated in the system to ensure continuity of care.
2. Where are the servers physically located? Does any data leave NH? Does any data leave the US? If so, where is the data stored "at rest"?
    - Unite Us leverages AWS infrastructure for its data centers and storage. Data is maintained in two domestic data centers, with our primary data center located in Northern Virginia and our backup data center located in Oregon for geographic redundancy. No data leaves the United States, and Unite Us does not employ any offshore support personnel or services with access to platform data. All data is encrypted at rest and in storage. In transit, data is transmitted using TLS 1.2 certificates with 256-bit encryption. At rest, data is stored on encrypted volumes using AWS Key Management Services (AWS KMS). Each volume is encrypted with a unique AES 256-bit key. All keys are protected by Amazon Web Services' key management infrastructure, which implements strong logical and physical security controls to prevent unauthorized access. Amazon’s overall key management infrastructure uses Federal Information Processing Standards (FIPS) 140-2 approved cryptographic algorithms and is consistent with National Institute of Standards and Technology (NIST) 800-57 recommendations.
3. Describe the "Network" of IT Systems that are to be integrated with Unite US. Will other states in the Unite Us system have access to NH data? Will the federal government have access to NH data?
    - The “Network” refers to the organizations coordinating care for their clients within New Hampshire via the Unite Us platform. New Hampshire Client data is not accessible to other state governments or the federal government.
4. Describe the role Unite US plays in sharing its information in its database and in aggregating data from "Network". What fields are used?
    - The only information required to initiate a referral is a Client’s first name, last name and date of birth. Organizations may share additional information as part of a referral with consent if the information is necessary to enable the servicing organization to complete

the referral, which varies by service type and provider. Unite Us provides its customers with aggregate information on Network activity.

5. Who are the "Network Participants" intended to be in the contract?
    - Network participants would be anyone sending or receiving a referral – as it relates to the current contract specifically it would be – DHHS, Community Based Organizations, Community Mental Health Centers, Federally Qualified Health Centers, and the Doorways.
6. Provide a list of physical locations and job titles, those job positions that can access the information views supported either in Unite US or between Unite US and other IT systems
    - Only those Unite Us team members who need access to platform data to perform their job functions have access to platform data. These roles include technology team members such as engineers, customer support team members who provide direct supportive services to users, and data analytics team members. All Unite Us team members are assigned a level of access based on their job description and duties upon hire. Changes to an individual's level of access follows a defined personnel update process. Access credentials are reviewed monthly or more frequently as needed. All Unite Us team members are located within the United States. In addition, all Unite Us team members are issued managed devices equipped with next-generation monitoring and protections to safeguard any information they access as required to perform their work.
7. Describe the Personnel hiring and training programs used for those individuals
    - Unite Us completes extensive personnel background checks prior to onboarding team members. These checks include social security number verification, nationwide criminal database checks, FBI terror watch list checks, and healthcare level III sanctions checks, including an OIG exclusion check run upon hire and monthly thereafter. All team members must complete comprehensive privacy and security training, along with additional subject matter training courses, upon hire and at least annually thereafter.
8. Provide the plan to monitor and report on unauthorized access or use of Personally Identifiable Information
    - Unite Us conducts continuous vulnerability monitoring of its platform and data. Monitoring is conducted 24x7x365, with real time alerts in the event anomalies or suspicious activity are detected. In addition, Unite Us engages a third-party security auditing firm to conduct targeted penetration testing of its environment at least annually, or in the event of a major change. In the event a breach of information were to occur, Unite Us would follow its breach notification process, which includes reporting requirements to various stakeholders, agencies, entities, and the public, dependent upon the scope of breach and the reporting obligations outlined in a governing business associate agreement, or pursuant to state and federal regulations. To date, Unite Us has not experienced a breach of systems or information.
9. Describe the depth of Audit Trails within UNITE US and between IT Systems. Do the audit trails show who accessed, exactly what data, and for what purpose?
    - Unite Us captures user actions within the platform, including successful and failed actions, within its audit logs. Audit logs are maintained by Unite Us and provide granular level insight into all user activity, along with the IP address of the user taking the actions. Audit logs are also scanned by the continuous vulnerability monitoring tools, and capture forensic level detail to support in the event of an investigation or incident.
10. Describe physical and password controls

- Unite Us requires that all users of the platform sign in with their own unique user credentials. Passwords must be a minimum mix of eight complex characters. Passwords may not resemble the user's name or email address. All passwords are verified against a database to check for compromised credentials. Users are locked out after five failed attempts. In order to reset their passwords, users must request a reset. Upon request, users are emailed a secure link to the email address on record. Users follow that link in order to reset their credentials. Passwords do not have a forced expiration frequency, as that process is no longer recommended by the NIST. In addition, Unite Us has physical controls in place to protect the system, including automatic session termination after a period of fifteen minutes of inactivity or if a subsequent session is launched.

11. Provide a copy of the Data Breach policy and the number of times it's been rehearsed (exercised) in the past five years. How many times has DHHS needed to use its Data Breach policy/procedures?
    - Department Data Loss Requirements (Data Breach) are included in all Department contracts within the Information Security Requirements exhibit. As part of its preparedness planning the Department's Information Security Incident Response Team regularly rehearses security incident response. The DHHS data breach process is incorporated into the Information Security Incident Response fact-gathering process.
12. Are there any subcontractors being paid by Unite Us for the development of this system? What level of exposure do the subcontractors have to a Client's personal information?
    - None
13. Explain where DHHS is in the implementation of the $700,000 contract. To what extent and by how much (seen as $8.2 million in Capital Budget request) is going to be requested by DHHS for the future expansion of this database system? What is the expected timeline for such a project?
    - The department has successfully implemented in all but one of the nine Doorways and a total of 51 providers in 92 locations throughout the state. Each week additional providers join the network to effectively streamline their existing manual referral processes and build improved service offerings and response to the clients and patients in New Hampshire. It is anticipated that an additional $2.4 million will be needed to license hospitals in New Hampshire, government agencies, and schools in the state through June 30, 2023; this includes the software as a service, the dedicated engagement team as well as the resource locater solution for both network providers and clients.
14. How does the Closed Loop Referral system integrate with any other DHHS information system?
    - As part of the contract, the Closed Loop Referral system currently performs a daily extract of the aggregate data (de-identified) into the Enterprise Business Intelligence platform for data modeling and visualizations for performance evaluation and program monitoring.

INDIVIDUAL/CLIENT:

1. Explain how an individual seeking social services becomes a "Client".
    - The term "Client" refers to an individual who is being served by an organization that is using the Unite Us platform to connect that individual to services and care.
2. Explain who the Client could be – Medicaid/state supported individuals? Private pay? Commercially insured? Residents of only NH? Out of state residents seeking services in NH? All of the above?

- Any Client in need of services can be referred using the Unite Us platform. Unite Us is not involved in direct service delivery – only in enabling health and social service providers to send and receive referrals to connect those seeking help with an appropriate service provider with consent of the client to perform this service.

3. Provide a copy of the Unite Us Consent document and all other consent documents provided by Unite Us in other states served.
    - Please see Attachment B for Unite Us' form consent, which references Unite Us' publicly available privacy policy at: https://uniteus.com/privacy-policy/. Organizations can also associate subject-matter specific consents that are part of an organization's existing workflow with the applicable Client record within the Unite Us platform. Additionally, each provider has their own consent process that they follow prior to sharing information on the closed loop referral network.
4. Explain the process of consent from a Client's perspective. Is the same script for privacy used by every provider in the Network? Please provide a copy of the script.
    - Each provider has an initial provider-specific consent to share information. Depending on the provider, different laws and guidance also may apply regarding consent. Upon completing the provider consent process, the provider works with the client to follow the closed loop referral required consent process to share their information on the network. The Closed Loop Referral system makes it possible for Clients to review the consent form in multiple formats, including on-screen during in-person meetings with their provider, read-aloud by their provider in-person or on a call, via a secure link sent over email, on paper, or via a secure link sent in a text message. The Closed Loop Referral system has also translated its consent form into over thirty languages and makes additional translations available upon request. The consent form represents the script for obtaining consent.
5. Describe exactly what a Client is told about the "Network" when consenting.
    - Clients are provided with the exact language in the consent form via one of the methods described above. The consent form explains that their information will be shared with a network of health and social service partners to connect them with services and explicitly references Unite Us' publicly available privacy policy, which provides additional information regarding the types of organizations that a client may connect with as part of the Network.
6. Describe how a client is treated if (a) the client declines to sign the consent form? or (b) the client declines to provide any other personally identifiable information? Does the network capture any individual's url or other data from a referral request which alone or when combined with other data, would enable identification?
    - No referral information is shared on the Unite Us platform without the Client's expressed consent. If a Client declines to sign the Unite Us consent form, they are not turned away by the organization serving them, nor are they denied services. Those Clients would simply be referred via a more traditional method such as fax, phone or email instead of having that referral sent via the Unite Us platform. The Unite Us consent is not a prerequisite to be referred for services, rather, it is only a prerequisite to have that referral be transmitted via the Unite Us platform.
7. How is a Client assured that relatives, neighbors or acquaintances that work in a social service agency won't have access to their information in the "Network?" Are Clients given the opportunity to opt-out from sharing information with specific providers in the "Network"?
    - When Clients consent to sharing their data via the Unite Us Platform, their record and referral activity are not automatically shared with every organization participating

within the Network. Only organizations and users supporting a Client's care are able to view the record and referral activity for a Client. Clients may opt-out from sharing their information across the Network at any time and are notified of such right in the consent form. In addition, if a Client receives a sensitive service (e.g., substance abuse or domestic violence counseling), only the recipient organization can see that referral. Other organizations on the platform cannot view such sensitive referral activity. Unite Us is required to serve Clients with protections and sensitivity to information, and has designed a secure process to protect those individuals while connecting them to the services they need.

8. Are the providers in the Network only state agencies? Do Network providers include private agencies? Local agencies? Federal agencies? Out-of-state agencies? Are they all licensed providers by the State of NH? Where is there a list of who is in the Network and how often is it updated?
    - The contract currently covers access for community-based organizations, community mental health centers, Federally Qualified Health Centers and Doorways providers. Unite Us makes it possible for all organizations supporting a Client's care journey to coordinate Client care in accordance with applicable law to measure and improve Client outcomes.
9. If new providers are added to the Network after a Client gives his or her consent electronically is there a requirement that the system let the Client know that new Network providers will have access to their personal information?
    - As noted above, a Client's referral information is not automatically shared with new providers within the Network. Only those organizations and users serving a Client can view referral information for a Client on the Unite Us platform. The consent form is therefore not specific to a list of providers at a given time. If a Client interacts with another organization that receives or sends a referral for such Client via the Unite Us platform, that organization would be able to view the Client's referral activity in accordance with the Client's consent.
10. What is the goal for how large the network of providers accessing the database will be?
    - There is no specific goal for the size of the Network in the contract. To clarify, providers wouldn't be "accessing the database" but instead accessing information relevant to the clients they are serving.
11. How is the Consent document and any personally identifiable information stored in the database for future reference?
    - As mentioned above, all PII is encrypted at rest and in storage, and is accessible only to those organizations and users on the Unite Us platform serving the Client. Users of the platform may access the Client's completed consent form within the Client record at any time.
12. What procedures are in place for the Client to see who has accessed his or her information and the purpose for which it was accessed?
    - In accordance with state and federal laws, a Client may submit a request to access their information at any time, as well as to receive an accounting of disclosures of their information. Unite Us' publicly accessible privacy policy makes clear how information is used, how to withdraw consent and how to request access to information. You can find Unite Us' privacy policy here: https://uniteus.com/privacy-policy/
13. Will the database include medical records or information from medical records related to the Client?

- The Unite Us platform is not intended to serve as a system of record for Client medical information. PHI that is stored and/or transmitted via the Unite Us platform is included by users solely when relevant to the referral, such as stating that a Client has diabetes and is in need of medically tailored meals when making a referral to a food pantry. Although providers can make referrals involving health services, there are specific protections in place to safeguard information related to physical health services, including additional viewing permissions required to access referrals or cases involving physical health services.

14. What procedures are in place for a Client to revoke permission to share information with DHHS and throughout the entire network? Does the revocation apply to future social services only? Will the revocation result in the removal from the database system of any data relating to the individual? Will the revocation itself be removed from the database system (as is the case in the prescription drug monitoring program)?
    - As noted above and in accordance with state and federal laws, a Client may revoke their consent at any time by contacting Unite Us via the email address provided in the consent form and publicly available privacy policy, or by notifying any organization or user with whom they are working. The revocation applies to any future sharing of the Client record, but does not restrict access for those users that previously served the Client while a valid consent was in effect. This allows those users to return to the Client record to make final notes, retain records for billing, reporting, or compliance purposes, or close out the encounter, while restricting any further disclosure of client information. Unite Us can also remove all information for a Client from the Unite Us Platform.
15. To what extent can a Client request "the Right to be Forgotten"? Is there non-medical data that can be deleted? How will the Client know the work has been completed and verified?
    - Clients may request to withdraw their consent and have their information removed at any time, including non-medical data. When a Client submits a request to Unite Us to withdraw consent, they are automatically notified with a response outlining the revocation process. When a Client communicates a request to revoke their consent to the user or organization serving them, that user will also receive notification when the consent revocation request has been fulfilled.
16. If a client is denied services for not providing consent to being in the database - who makes the decision on denial of services? The State? The “Network” provider?
    - Clients are not denied services because they did not provide their consent to share information via the Unite Us platform. If a Client does not sign the form consent, the Client can be referred to services using one of the existing methods of referrals already employed in the day-to-day workflow of all providers - including phone, email, fax or brochure. Unite Us designed its platform to simplify the process to request assistance and reduce the barriers and stigma associated with seeking care - this includes eliminating the need to manage separate, paper consents at different service points within systems that burden vulnerable populations with telling their story multiple times to receive the care they need.
17. Explain the penalty for any individual or provider that shares the private information of a Client unethically or illegally.
    - Individuals or organizations that share Client information illegally would be in violation of law and subject to the applicable civil or criminal penalties associated with such acts. Unite Us has designed its secure platform to include access controls, audit logs, and other mechanisms to monitor and protect against any potential misuse of Client information on the Unite Us platform.