

Privacy notice and optional data sharing

REVIEW DRAFT - DO NOT SIGN OR USE FOR CLIENT TESTING

Provider must complete actual practices before client review

REVIEW DRAFT. This notice cannot be used with clients while provider details or policies are unresolved. It does not assert HIPAA coverage or compliance. Applicable privacy, security and breach duties must be reviewed for the actual business and data flows.

Provider: confirmed legal business name and responsible person

Provider: privacy contact, postal address and private contact method

Provider: effective date and approved notice version

Provider: approved secure return method for completed forms

Provider: storage vendors/systems, safeguards and authorized roles

Provider: retention period or criteria by record type and lawful exceptions

Provider: access/correction/deletion, withdrawal and incident-notice process

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Information, purposes and limits

Collect only information reasonably needed for the agreed assessment: identity/contact details, relevant health and training history, emergency-contact details, consent records, workload, heart rate, pace, power, perceived exertion, lactate results and interpretation. Explain why each sensitive item is needed. The client may request a private discussion; if necessary safety information remains unavailable, testing may need to be deferred.

Use these records for assessment safety, delivery, interpretation, communicating results, agreed coaching, and applicable legal or safety recordkeeping. Do not use the intake for advertising audiences, public posts or general-purpose generative-AI systems. Marketing, photography and testimonials require a separate process and are not authorized here.

The completed approved notice must accurately describe access controls, storage and retention. Restrict access to people with a necessary role. Handle legally required disclosures and urgent safety disclosures only as permitted by applicable law, limiting information to what is needed; this draft does not define a new legal basis for disclosure.

Clients may request access, correction or deletion through the stated contact. Explain any lawful retention or disclosure exceptions rather than promising immediate or unconditional erasure. Withdrawal applies to future optional sharing where possible; it cannot undo prior lawful disclosure or guarantee deletion from a recipient's systems.

Keep the full HHQ, symptoms, medication details, consent/release documents and emergency-contact record out of routine TrainingPeaks uploads. A reviewed performance report may be shared only under the agreed authorization. Nova has no verified direct TrainingPeaks sync in this workflow; a report attachment is not native lactate import.

Participant name or agreed record ID

Assessment date / record date (YYYY-MM-DD)

Questions about these practices or requested limits

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Optional sharing choices - all initially blank

Each choice is independent. Leaving a box blank gives no optional authorization for that item. Explain any effect on platform-based coaching and an alternative private results-delivery method before a client decides. Do not treat acknowledgment of the notice as consent to every disclosure.

- ☐ Authorize a reviewed performance report in my linked TrainingPeaks account for assessment/coaching: date, workload, HR, pace, power, RPE, lactate, interpretation and agreed training changes only.

TrainingPeaks: intended account/coach identity and any narrower data limits

- ☐ Authorize only the other recipient, data and purpose specified below.

Other recipient/contact, exact data, purpose and applicable privacy notice

Agreed end date or event for these optional authorizations

Athletes must separately authorize account integrations in the relevant platform. Do not provide passwords on this form. Read the recipient platform's privacy terms before linking accounts. This form neither connects accounts nor certifies a platform's security. It covers the agreed lactate assessment, not authorization for a separate sweat-testing service.

- ☐ I received the completed notice and had an opportunity to ask questions; this acknowledgment does not select optional sharing.

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Signature spaces are review placeholders. Do not sign this draft. Typed names are not authenticated or cryptographic signatures. An approved signing and identity-verification process must be chosen before use.

Participant signature placeholder - review only

Participant date placeholder

Explaining professional / reviewer signature placeholder

Professional / reviewer date placeholder