

Explainability Statement

This is Healthily's Explainability Statement. This document is intended to provide users of the Healthily App with information on how the Artificial Intelligence in our App works, including when, how and why we use this technology. It is separate to our privacy policy, which is available <u>here</u>, as well as our 'data protection impact assessments', which are internal documents required to be prepared under applicable privacy laws. Please note that this is a 'living document' which will be updated from time to time, based on updates to our systems. This statement provides 'meaningful information on the logic involved' in our automated decision-making, as part of our compliance with laws including the EU / UK GDPR.

If you have any queries, we can be contacted at <u>support@livehealthily.com</u> or Your.MD Ltd, 5th floor, Lincoln House, 296-302 High Holborn, London, WC1V 7JH.

Торіс	Question	Explanation
What is our App and why does it use Al?	What is our Self-Care App?	Our Self-Care app (the App) and web platform allow users to manage their health, wherever they are, by offering a variety of tools to help users manage their health. The service is available via Healthily's website and on mobile devices. It has been downloaded more than 3 million times and the website attracts more than 4 million users per month.
		Parts of the App use Artificial Intelligence (AI), by which we mean technologies which fulfil tasks that would otherwise require human thought or reasoning.
		Within the App, one of the services available to users is called the "Self-Assessment Tool" (SAT), the purpose of which is to assist users in deciding if there is a need to see a healthcare professional or whether a user can reasonably undertake self-care in respect of their symptoms. The SAT uses AI to provide information about topics including (where appropriate) one or more of the following:
		• the likely possible cause(s) of symptoms or condition(s) affecting a user, based on reported symptoms and, in some cases, additional information such as the user's age, gender and other relevant health-related factors;
		 suggested next steps / recommendations in terms of seeking medical attention; and / or
		 recommendation(s) for self-care.
		The SAT does not provide a 'diagnosis', by which we mean that it does not attempt to tell users the single most probable cause or condition based on their symptoms. It is intended to add supplemental information for the user to be able to identify less serious conditions that the users can manage by themselves and receive medically safe information about the most likely possible



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		condition(s) that match the reported symptoms, to help the user decide on the best next steps.
	Why do we use AI?	We believe that:
		• Basic healthcare information that is safe and actionable is a human right no matter who the user is or where they live.
		Self-care is the best answer to the global health crisis.
		Health is a personal and holistic journey.
		Technology is the great 'leveller' and can revolutionise access to healthcare.
		Effective healthcare starts with trust.
		The use of AI in our App helps us to enable and implement these beliefs.
		In particular, the AI in our App allows users to obtain relevant high-quality, evidence-based and actionable consumer health and care information, wherever they are free of charge. Providing information through the App can potentially reduce costs for individuals and health services, widen access to medical services and improve healthcare outcomes for all.





The first substantive stage for a user of the App (following initial administrative steps) is to provide information on their symptoms in a text box. The SAT seeks to understand this information and classify the user's input into three broad types of conversation, based on the type of information the user is seeking from the App:







Торіс	Question	Explanation	
		AlMed [™] system: understanding symptoms and asking further questions	10:00 ᠠ ◀ Search
		If SAT has established the likely meaning of the user's input and has determined that the user is seeking information about specific symptoms i.e. the conversation is in category 1 above, SAT uses the 'AIMed [™] ' system to assess these symptoms, ask any additional questions of the user, and finally provide information on possible causes or conditions and recommendations.	• Ok I understand you have the following symptom: unusually tired/feeling generally weak. How long have you had it for?
		The AIMed [™] system seeks further information from the user to identify the most likely cause of their symptoms (see the screenshot opposite). This might include situational factors such as age and gender, as well as the following health-influencing factors: chronic kidney disease, coronary heart disease, high blood pressure, cerebrovascular accidents, asthma, chronic obstructive pulmonary disease, diabetes, and obesity. We are planning to expand this list over time. AIMed [™] may not be able to ask as many questions as a human medical professional, but it is able to identify factors and seek information based on issues which are typically relevant to the symptoms described. In addition, the AIMed [™] system considers the background circumstances, such as the user's location and the season (for example, because colds and flu are more common during the winter months).	• Have you been diagnosed with asthma? Yes
		The AIMed [™] system combines data on causes, effects, and risk factors in connection with over 1,500 symptoms and 620 medical conditions. We explain how the AI in the	Prefer not to say
		AlMed [™] system works under the heading below. AlMed [™] system: Providing an assessment	Home Learn + Q O Find Dot
		Depending on the symptoms, and the user's answers to the AIMed [™] system's further que possible causes or conditions that match the user's reported symptoms and the informat used at this stage is known as a 'Bayesian network', which means that it uses probabilit or condition(s) based on the information provided (as shown in the diagram below). For each other that the stage is shown in the diagram below.	uestions, the SAT may be able to provide ion provided by the user. The technology ties to determine the most likely cause(s) example, it might determine that it is 70%







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		by human decision-makers. Every 'red flag' symptom (or combination of symptoms) and every condition has a triage level attached to it. At the end of the SAT
		process, the system identifies all triage levels that are attached to the cause(s) or condition(s) that have been identified, and any red flag symptom(s), and selects the most serious or cautious level. This 'triage level' is then provided to the user at the outcome of the SAT process.
		AlMed™ system: Example of SAT outcome
		Emergency × ← Tension headache
		A tension-type headache is an everyday headache due to stress, tiredness or noise. Painkillers or relaxation may help.
		Some possible causes of your reported symptoms are concerning. Go to your nearest emergency department immediately if you think your symptoms may be caused by any of these. How is it assessed? There isn't a specific test to diagnose tension-type headaches. Your doctor can gather a lot about ocur description of the characteristics, intensity and location of the pain. They will probably examine you and check your blood pressure and your description.
		Possible causes suspects that you have an unusual or complicated headache, they might order additional tests to rule out serious causes. This often involves a Please note that the list below may not be complete. scan of your head with MRI (magnetic resonance limaging) or CT (computerised tomography).
		 Tension-type headache This condition can be managed with self-care Tension-type headache This condition can be managed with this condition can be ma
		Symptoms and information → wish to keep a diary of when you experience the headaches.
		In the example above, the SAT has identified two possible causes / conditions based on the information provided by the user: a tension-type headache and a cerebral aneurysm. A tension-type headache might be the more likely cause / condition based on the information provided, but a cerebral aneurysm is a potentially life-threatening condition.
		Where, as in the example, there are several potential conditions, the SAT will provide triage information based on the most dangerous potential condition (by which we mean the condition which could lead to the most serious physical harm, even if it is not the most likely cause). In the example above, this is the cerebral aneurysm. If a user later raises a query as to the SAT



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		outcome, subject to any privacy law constraints, we are able to trace the 'user journey' and understand exactly which factors caused the SAT to record the particular outcome.
		As noted above, the SAT does not provide a 'diagnosis' in the sense of giving a single determined cause. Instead, as shown in the screenshots above, it informs the user of 'some possible causes' of reported symptoms. The SAT advises the user to go to the nearest emergency department only if they think that such symptoms may be caused by any of the possible causes.
		The summary screen also includes links to articles on the potential causes of the symptoms, where users are able to find further information (in the above cases, clicking on the "Cerebral aneurysm" or "Tension-type headache" labels would open these articles).
		Occasionally the SAT will not be able to understand what users have said or will not be able to find possible causes / conditions based on the user's information. In these cases, the SAT tells the user that it was unable to find a possible cause / condition based on the information provided and suggests that the user gets in touch with a healthcare professional.
How did	How did we	The SAT uses AI:
design the Al?	AI?	 to understand and categorise the information provided by a user at the first main stage of using the App (e.g. when they report a symptom they are experiencing or when they ask a medical-related question);
		 in the AIMed[™] stage of the system i.e. in the context of asking the user to provide further information and in assessing what cause(s) or condition(s) they might have; and
		 in the Gustav part of the system, which provides medical information or articles when a user has asked a medical-related question.
		Function 1: classifying the user's information
		For function 1), it is essential for the SAT to understand what the user is saying in order to interpret their request. Since humans can use many different types of language when describing similar issues, we decided to use a form of AI that learns from its experience, rather than using any software that is based on hard-coded rules. The AI used in function 1) works as follows:
		• The technology in this part of the SAT is called 'machine learning', which means that the AI system is intended to learn from examples and its experience.



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		 Machine learning systems use information called 'training data' to produce a 'model', which refers to the system's understanding of associations and relationships between different individual pieces of information. For instance, a simple system which is used to classify or categorise images might be trained on pictures of dogs or cats, and then the model developed might be able to recognise the difference between cats and dogs when new pictures are fed into it.
		 The AI used for function 1) is intended to understand the meaning of users' words and sentences; a process known as 'natural language processing' (NLP). The NLP system has learned from around 2,000 examples of previous SAT conversations and uses sophisticated NLP models developed by Google which have been extensively tested and are widely used.
		When a user provides information or asks a question, the system will try to understand what is being said. To do this, it relies on a model produced by Google called 'Universal Sentence Encoder' (which is publicly available). This model has been trained on a vast volume of data collected by Google to understand what sentences mean and, in simple terms, it does this by comparing the similarity of one sentence to another (for example, based on its training, it will recognise that the sentence "London is the capital of the United Kingdom" is similar to the sentence "The capital of the UK is London"). We are aware that some academic papers have suggested that Google's NLP models contain certain biases based on embedded assumptions about race, ethnicity and gender. However, we consider that any such issues have no material effect on Healthily's ability to understand the conversations provided by a user. Since, at least in English, there are multiple ways of saying the same thing, our language model captures different idioms. As noted below in the section of the Explainability Statement on how we manage risks, there may be some slang words or phrases which the model does not understand because Google does not have enough data on their usage, in which case the chatbot will ask the user to try to explain again.
		• The SAT also includes a symptom ratification stage, to make sure that the user's query has been properly understood. During symptom ratification we make sure we have understood the symptoms the user has entered. If not we provide an opportunity for the user to correct them. In the first step, the user is shown the symptoms picked up by NLP and they can confirm the ones they meant and delete the ones that were misinterpreted. In the second step, the user can select further symptoms from a list containing all the symptoms in the tool in order to replace the wrongly identified, rejected symptoms (or to add completely new symptoms if they want to).
		 The system will classify the input into 3 broad categories, as explained above i.e. it decides whether the user is: (i) reporting a symptom, (ii) asking a medical-related question, or (iii) asking a non-medical-related question. The system makes this classification decision based on its training. Healthily has trained the system on c.2,000 manually labelled examples of the three types of conversations (which could be anything from one word to several sentences). In other words, a human has



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		provided the system with many examples of a reported symptom, a medical-related question and a non-medical-related question, which the system has learned. When it is given new information by a user, the system is then able to recognise what information this is by reference to its learning i.e. it is able to detect when a user is reporting a symptom (as opposed to asking a question) and it will categorise that information accordingly (i.e. it will pass the user on to the AIMed [™] system which will then ask further questions about that symptom with a view to informing the user of the possible conditions they might have). The system groups together information which it identifies as being similar.
		• The system is able to identify medical-related words and concepts (for example, when a user reports symptoms or asks a medical-related question) by reference to a virtual library called the Unified Medical Language System (known as UMLS), which is a database comprising health and biomedical vocabularies and standards. For example, the SAT is able to understand that, if a user says "my tummy is sore", the medical concept "abdominal pain" is relevant. It does this because the UMLS library contains c.6,000 medical concepts and 15,000 words and phrases associated with those concepts.
		Function 2: AlMed™ system
		For function 2), the key aim for the SAT is to determine the likelihood of different conditions being a probable cause of the reported symptoms. In order to achieve this aim, we use a type of AI which is especially good at determining the relationship between different pieces of information (here, the symptoms). The AI used in function 2) (the AIMed [™] system) comprises an AI technique called a Bayesian network (which essentially uses probabilities to arrive at a decision). This works as follows:
		• The AIMed [™] system identifies the symptom(s) that the user has reported. It then matches the symptom(s) to all of the possible causes or conditions in which this symptom occurs using the MediBase database (which currently contains 1,500 symptoms and 620 medical conditions but is continously being expanded).
		• The AIMed [™] system will ask a set of standard questions to the user e.g. regarding their age, weight, height, etc. It will then ask further questions based on the various conditions in which the user's reported symptom may be present. For example, it will ask what other symptoms the user is suffering from.
		 As the user provides further information, the AIMed[™] system is able to calculate the relative probability of a particular condition versus another condition, and it will keep asking questions until it can narrow down the condition that best matches the user reported data. This is reflected in the "probability tree" diagram included above.
		• Once the system determines that there is a 95% probability that the reported data matches with one particular condition



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		as opposed to another condition, it will stop asking questions and move to the triage function.
		• As noted above, the triage function will then provide the user with information on that condition (if appropriate), but it will also provide information on the most serious condition that matches the reported symptoms and answers to the system's questions.
		Function 3: Gustav
		The AI used in function 3) (Gustav) is similar to the AI used in function 1).
		• Once the system categorises the user's information into a medical-related question, it will recognise the particular topic underlying the user's question. For example, if the user asks for information about how to lose weight, then the system will provide information on weight loss.
		 As in function 1), the system groups together information which it identifies as being similar – for example, a question about how to lose weight will be given a similar value to a question about how to reduce body fat. Questions with a similar score will trigger an article or information about that topic, for example weight loss.
	Limitations to explainabilit y	Given the complexity of the NLP models that we use in our system, it is not always possible to establish why the SAT has reached a particular understanding of the language a user has used in a particular instance (see function 1) above). This is an inherent difficulty associated with certain sophisticated AI models. On balance, we consider this difficulty to be outweighed by the effectiveness of the system in understanding language i.e. we are confident that the system is accurate in understanding what a user says, and the fact that users are less likely to be worried by the understanding part of the App, and more concerned about the possible causes / conditions part. Based on our testing of the SAT (which is explained in further detail below), whilst we cannot always explain how the SAT has reached a particular decision on what the user actually meant, we are confident about the accuracy of the system (although we are always looking to improve). As noted above, where the system does not understand a particular input then it asks further questions. A typical response would be: "I'm sorry Guest, I don't understand. Try repeating the most important symptom. It's easiest for me to understand if you focus on just one thing, for example 'Sore throat'."
		In the healthcare context, accuracy, and avoidance of harm, is critical. There is a trade-off between accuracy and explainability and public surveys suggest that, in a medical context, people prefer accuracy to explainability (when asked about a trade-off between the two) ¹ . We feel the system's ability to accurately understand the information provided by the user outweighs the need

¹ ICO and Alan Turing Institute, Project ExplAIn Interim Report, 2019.



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		to understand how the SAT has reached its understanding in every case, particularly in a healthcare context. As we describe below, our App has achieved high accuracy scores in external testing.
		Notwithstanding the above, we can identify in every case why the SAT has reached a particular conclusion from given data (see functions 2) and 3) above). This means that individual recommended next steps and possible underlying causes of the symptoms can always be explained by reviewing the recorded data and the relative probabilities calculated by AIMed [™] in each step of the virtual consultation. If a user has any queries on why they received a particular outcome, they are able to contact our support team at <u>support@livehealthily.com</u> and via the App. Any questions on the SAT will be reviewed by a member of our medical team. Our procedures for the reporting of safety incidents are set out below.



How do	When and	We use different testing processes and measures throughout the system's lifecycle to improve functionality, accuracy and safety.
we make	how is the	
Sure the	tested?	Technical testing
accurate?	lested ?	• We use a technique called the 'Monte Carlo' method to test our SAT. This involves generating randomised virtual users and running their symptoms through SAT. This testing takes place whenever AlMed [™] or the data it uses is updated, both in the live systems used by our users, and in the systems used by our teams of doctors to edit and test data before it is released. AlMed [™] 's data (being the connections between the 1,500 symptoms and 620 medical conditions held in our purpose built system to host the modeling of medical conditions called MediBase) is automatically checked for changes on an hourly basis and, in case any discrepancies or anomalies are detected, these are manually reviewed by Healthily's medical team. Based on our research, this represents the vast majority of conditions that would be seen by a General Practitioner.
		Whenever a new medical condition is added to AlMed™
		• The connections between all new conditions and symptoms are tested manually by a team of doctors in order to check if the linkages made by AIMed [™] are the same as those which would be made by medical professionals.
		• The types of tests carried out and their results are all recorded, so that they can be checked later.
		• Once testing has been completed, we hold a meeting to discuss if the outcomes were as expected and if the possible causes / conditions and the triage / suggested next steps were correct.
		• Sometimes, after that meeting, we will adjust the system so that the symptoms link to the new condition in a manner which better reflects our doctors' real-life understanding and knowledge.
		During system sse
		• As noted above, users can ask queries about the App's outcomes and provide feedback on their experience both via the App, email, and review. Feedback on the SAT is reviewed by a member of the medical team and may be used to calibrate the accuracy of the system, where a user has identified an issue. All feedback, responses and follow-up actions are logged and can be referred to at a later point if necessary. This stage is also part of the 'post-market surveillance' we are required to carry out under medical device regulations.
		• We conduct "hazard identification workshops" on every new feature with technical and medical staff, to spot potential issues



before they arise, and hazard workshops every year with the whole company.

- For the rare occasions when there are any issues with the SAT, we have a safety incident management process and a clinical risk management plan, which document how those issues should be dealt with, and the steps taken to ensure the same problems do not arise again.
- Our senior management, which includes the Chief Executive Officer, Chief Operating Officer and Chief Technical Officer[s], are required to sign off on all safety incident reports.
- To comply with medical device regulations, we have a robust "post-market surveillance system" in place, which requires us to report any problematic incidents to the relevant authorities.

Clinical studies

- In addition to 'live' feedback mechanisms (described below), we have commissioned several independent studies from world-leading institutions such as Imperial College, the University of London's Self Care Academic Research Unit (SCARU), and the Professional Records Standards Body, each of which have confirmed the safety and effectiveness of the SAT. These clinical studies have used "vignette" testing, which involves presenting the SAT with a description of a hypothetical user's symptoms.
- The most recent external vignette testing was conducted by SCARU in early 2020. A bespoke set of 139 clinical vignettes
 was created by the Royal College of General Practitioners, representing 18 sub-categories of primary care. The results of
 the study showed that SAT's recommendations to users were in line with SCARU's 'Gold Standard' 62% of the time, and
 in the majority of other cases (99%) the SAT recommended more medical help than a doctor would have done. Whilst,
 arguably, this could lead to 'over-triaging' or an overly-cautious approach, SCARU deemed the App to be particularly safe
 because of this very reason.
- A study commissioned by Ada Health GmbH, a developer of another AI symptom checker, assessed that for safe urgency advice, tested GPs had an average of 97.0±2.5%. Our App had a safety performance within 2 S.D.s of GPs at 92.6%. This is a measure of how appropriate the advice given was and in our App's case we strongly tended to err on the side of over-caution when indicating whether or not further medical attention was appropriate.



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	How do we keep the Al system up-	Our medical teams assist in keeping our App up-to-date in two ways (focussing in particular on the medical triage and possible causes / conditions components of the system):
	to-date?	• Quality improvement to review logs and conditions on an ongoing basis, analyse them and make changes in the relevant parts of the system if needed. This process is ongoing.
		• Updating of ontology data. Updates are made alongside the population of new conditions and review and improvement of existing conditions in our medical data. These processes result in the addition of new symptoms, or the rearrangement of relationships between existing symptoms. Changes to labels referring to concepts and relationships between concepts are provided by the medical team to the AI team, who implement the changes in a testing environment. The medical team then tests the changes alongside tests to medical data.
How do we keep users safe?	Who might be affected and how do we manage risks?	• Users typically use our App when they (or someone else they are assisting) are experiencing health issues. The App is intended for users who do not suffer from any ongoing or rare medical conditions. This is made clear to users by clear warning language provided at the outset of a user's engagement with the App. Warnings at the outset also make clear that Healthily should not be used for information about babies, people under the age of 16, pregnant women, people on immunosuppressive treatment, and/or people with long term conditions. These warnings also say that the App is not meant to be used by medical personnel.
		• Our Terms of Service and other information on our website make clear that the SAT is AI software and not a human doctor, so whilst it can present possible conditions that match the reported symptoms, and a safety triage message with suggested next steps, it is not a substitute for professional medical advice, diagnosis, therapy or treatment. The outcome of the self-assessment process helps users understand their risks and decide on the best next steps they should consider. To mitigate any risk of the App being relied upon as providing a 'diagnosis', we inform our users after each self-assessment and before showing the assessment outcome, as well as within our Terms of Service and within the "How to use Healthily safely" section of our website (https://www.livehealthily.com/legal/safe-use), that the information provided is not a diagnosis and that they should consult with a healthcare professional.
		• Since we are focussed on protecting and promoting the health of its users, our App recommends actions which err on the side of caution by displaying the most dangerous potential conditions (and recommended actions based on those potential conditions), even if those conditions are unlikely. It is possible that users of the App might be alarmed if it is recommended that they seek medical care urgently. However, as noted above users are clearly informed that our App is simply providing information and not a 'diagnosis'. Users are free to make their own decision based on this information, which may include seeking an in-person diagnosis from a human medical professional. In the circumstances, we consider that it is better for



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		people to be fully aware of relevant risks and empowered to investigate them, even if their likelihood may be low.
		• We do not show users the probabilities of each potential condition. Arguably there is a risk of over-diagnosis, where users are warned about conditions that ultimately they may not be suffering from. We consider this cautionary approach is justified because it encourages users to have potentially worrying symptoms checked in person by medical specialists. To that extent, our App replicates the risk-identification undertaken by a human General Practitioner, who often acts as a gateway to specialists rather than providing a definitive diagnosis. We use relative probabilities in the probability calculation to express how likely one outcome is compared to the other. If any condition reaches the relative probability of 95% or higher after 6 rounds of questions, we stop the consultation and provide that outcome for the user. If, after 12 rounds, no condition reached the 95% threshold, we stop the consultation and show all the conditions above the 10% relative probability threshold.
		The App currently only caters for English speakers.
		• There is a risk that users who enter unconventional words or phrases, or who have accessibility issues with computers and mobile devices, may not be understood by the SAT. Where the SAT is not able to understand what users have said to it, the SAT will tell users that their query has not been understood. Where SAT is not able to find possible causes based on the user's information, the SAT tells the user that it was unable to find a possible cause for their symptoms and suggests to get in touch with a healthcare professional. It is possible that in some cases the SAT will not realise it has misunderstood a user and provide an inappropriate possible cause or recommendation, although (as explained above) at the ratification stage the SAT repeats the symptoms back to a user for their confirmation. This is a danger for any language interpretation system, and our technical department undertakes regular checks to ensure that our NLP technology remains state-of-the-art and minimises any risks involved.
		• Our App requests information on users' age and gender, as well as the other health-related factors as set out above. However, it does not currently seek information, such as ethnicity, which could have an impact on possible causes. This may be an area for future development, but our current settings for suggesting that users seek medical assistance keep this risk low (since if they show symptoms which match a particular condition, it is likely that the next steps/recommendations will be to visit a healthcare professional).
		 Symptoms suggesting serious mental health issues are handled by "red flag" rules. An automated part of the App, Chatscript, is programmed to recognise a variety of ways of expressing a desire to self-harm. Users are prompted to access appropriate information and help-lines.



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	What safety certification s do we hold?	The medical industry is highly regulated and provides for rules which set a high level of safety requirements, in terms of pre-use testing, and ongoing testing and monitoring after the technology is in use. We comply with the EU Medical Device Directive and UK Medical Device Regulations 2002 when labelling our App as such. Following Brexit we have appointed an EU Authorised Representative for Medical Device Companies that will assist us in ensuring that our App continues to be registered and available on the EU market by complying with applicable EU regulations.
		The App is registered with the UK medical device regulator, the Medicines & Healthcare Products Regulatory Agency, as a class I medical device, recognisable with mark CE, meaning that the App complies with medical device regulatory requirements when being made available to the users on the EU and UK market.
	How do we use your	To provide users with personalised health information, we need to process personal data, including health data.
	personal data?	• We store directly identifiable personal data (for example, a user's full name) and health data (for example, symptoms and conditions) in separate databases. This means that a user's personal information is not connected with the information they provide or the activities they undertake in the App, such that this information or these activities cannot be used to personally identify that user. We normally process user data with the help of identifiers, namely a profile ID, consultation/ conversation ID and analytic identifiers to avoid personal identification.
		• The types of data we collect, and the way we use it, is set out in our company's <u>Privacy Policy</u> . We use data to personalise a user's experience when they use the App, to improve the safety and security of the App, as well as for the purpose of analytics, marketing and communications.
		• We have an external Data Protection Officer for the EU and UK market, whose role is to ensure that all personal data processed at Healthily is used fairly, lawfully, transparently and in compliance with the applicable data protection rules. Any complaints, or requests for access, deletion or rectification of personal data can be made directly within the App or by sending an email to privacy@livehealthily.com .
		 All our data processing complies with applicable data protection laws, and where appropriate we have carried out internal 'Data Processing Impact Assessments', which allow us to incorporate 'Privacy by Design' principles into our business operations and technology. In other words, these Assessments help us to make sure that at all stages data privacy is being considered and all appropriate safeguards are observed.
		• To ensure users' data is safe with us we have acquired the 'ePrivacyApp' seal to demonstrate compliance with EU / UK



Торіс	Question	Explanation
		GDPR data security requirements.