



Your Doctor Will See You Now

About Us

Founded in 2012, **CAPTUREPROOF** Inc. is developing the secure, clinical photo and video communication platform for medicine.

CAPTUREPROOF empowers users with computer vision through the Smart Medical Camera™, which shows more than the eye alone can see. Patients and providers can use **CAPTUREPROOF** to capture visual health information and communication through photo, video, chat and PDF in a HIPAA-compliant medical app or embed within a client's branded web and app assets..

At **CAPTUREPROOF** Inc., we believe the most limited resource in healthcare is the amount of time a provider has available. Decoupling medical care from time and location allows for vast efficiencies that improve patients' experience and outcomes. More accurate and meaningful visual data at a provider's fingertips means more informed decisions.

We are a small team with a big vision to improve patients' and doctors' lives. Our goal is to positively impact 1 billion patient lives by enabling physicians and patients to objectively compare data, make more informed decisions and provide better care.

What We Do

CAPTUREPROOF is the visual health record. **CAPTUREPROOF** is the leading HIPAA-compliant platform for capturing, curating, and collaborating medical photos and videos across the hospital. **CAPTUREPROOF** is asynchronous telemedicine - decoupling medical care from time and location. Providers can benefit from the **CAPTUREPROOF** turn key solution on its own, or embed the **CAPTUREPROOF** viewer into any other EHR or HIPAA application.

CAPTUREPROOF enables investigators to objective track and view subjects' progress throughout a clinical trial. Designed with clinical trials in mind, **CAPTUREPROOF** streamlines the process of keeping investigators and subjects on track through automated instructions and notifications customized to fit any study protocol.

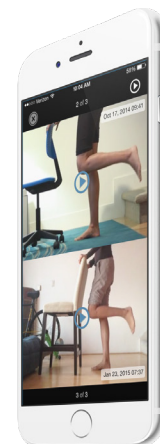
Results

Compared to traditional in-person, phone or email follow-up, several research studies have proven that **CAPTUREPROOF**:

- **99.9996% TIME SAVED TO DIAGNOSIS***
- **78% MORE ACCURATE TRIAGE***
- **75% FEWER NON-URGENT FOLLOW UP VISITS***
- **72% REMOTE DIAGNOSIS***
- **60% RESOURCES SAVED POST-OP***
- **REDUCE ER VISITS BY 50%***

*(<http://captureproof.com/about-us/#publications>)

90%
of patients using **CAPTUREPROOF**
say the app helped them
to better manage their health.





Features

The CAPTUREPROOF platform includes:

- **Smart Medical Camera™:** The advanced camera uses computer vision within the live camera image to give instant feedback on quality of photos and videos. The result is better photos and videos by highlighting shadows and overexposure.
- **Media Rx:** This feature shows text instructions in the live camera with an overlay tool that enables patients to use perfect framing of the injury, wound or other site. A video guide also is available.
- **Security compliance:** HIPAA (the Health Insurance Portability and Accountability Act) is the U.S. standard for security for digital health data, and Privacy Shield is a framework for U.S. organizations to comply with EU privacy standards. By complying with both HIPAA and Privacy Shield, CAPTUREPROOF offers a fully secure telemedicine experience.
- **Easy Integration** CAPTUREPROOF allows clients a step wise approach to working with partners and integration. First, for any pilot, use the turn key solution with EHR links to sync back with existing EHRs. CAPTUREPROOF offers user identity management/SSO and can act as middleware through Widget/Framework seamless integration within a client's branded web and app assets.
- **Visual Health Lab** CAPTUREPROOF's proprietary computer vision allows for more than the eye can see, and automatically looks for specific objective outcomes from visual symptoms. Skin is balance to COLOR-TRUE and the pattern of color change is analyzed over time. Movement is monitored and Range of Motion can be calculated from a video alone.

Provider features of the CAPTUREPROOF platform:

- **Monitor patients at your convenience:** Remove perception bias and objectively visualize the process of healing and the disease state. Review patient progress asynchronously, at the time that works best for your schedule.

- **Triage patients:** Know what your patients are talking about by ordering a media Rx (text instructions in the app requesting a specific image or video).
- **Consult colleagues:** Clearly communicate a challenging case to another doctor for better patient treatment faster.
- **Link into all EHRs:** Integrate into the existing EHR using a unique link for each patient. Health organizations can benefit from the CAPTUREPROOF turnkey solution on its own or embed the CAPTUREPROOF viewer into any EHR or HIPAA application.
- **Organize patient data:** Unlike secure email, CAPTUREPROOF organizes media automatically into individual patient profiles. You'll receive videos or photos side by side in chronological order so that you can seamlessly monitor patient progress.
- **Conduct a study:** CAPTUREPROOF makes it simple for researchers to streamline investigations and objectively track progress.
- **Send instructional media:** Send instructional information or videos to patients through the CAPTUREPROOF app, and even compare patient videos side by side with instructional videos.
- **Capture bundled payments:** CAPTUREPROOF allows you to capture a greater portion of bundled payments for procedures such as total joint replacement.

Patient features of the CAPTUREPROOF platform:

- **Health tracking:** Take clear and consistent photos of your health patterns and save them in a secure location. The Smart Medical Camera™ helps you align images precisely so that you and your doctor can compare apples to apples.
- **Share with provider:** Share the visual narrative of your health with your provider during appointments or remotely.
- **Understand your healing pattern:** Capture images over time to track healing.
- **Available without provider referral:** Download and use the CAPTUREPROOF patient platform for free, without a provider referral code, to track your health.



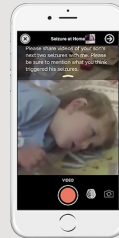
Testimonials

Provider Testimonials

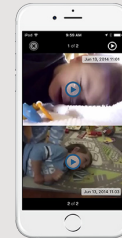
Amazing Experience

"CAPTUREPROOF is the tool that finally integrates important clinical media in the daily neurology practice."

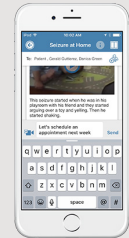
- Farhad Sahebkar, M.D.,
Pediatric Neurologist/Epileptologist,
San Francisco, California



Send Media Rx



See Progress



Collaborate

Patients Love It!

"CAPTUREPROOF is particularly useful for rural patients, to avoid additional visits, and patients who are anxious for surgery and their follow-up. Patients like to compare the progress of their wounds and scars through the recovery process."

- Roger Woods, M.D.,
Plastic Surgeon,
Adelaide, Australia

Revolutionizing My Practice

"CAPTUREPROOF lets me see what my patients are talking about and reduces the need for in-person follow-up appointments."

- Kris B. Siemionow, M.D.,
Spine Surgeon,
Chicago, Illinois

Patient Testimonials

What patients say they like about using CAPTUREPROOF:

"I did not need to remember what exercises my doctor wanted me to do. It told me."

"It was very convenient."

"I like that I did not have to leave my house to do the exercises."

"No parking fees."

"Coming to Kaiser would have been really tough as I had no rides available."

"It saved me so much time."



Publications

The following are a sampling of studies that show the need and effectiveness of CAPTUREPROOF

Journal of Liver Transplantation | Dec 2017

Noninvasive Assessment of Liver Steatosis in Deceased Donors: a Pilot Study

Authors: Manuela Cesaretti, Nicolas Poté, Francois Cauchy, Federica Dondero, Safi Dokmak, Ailton Sepulveda, Anne Sophie Schneck, Claire Francoz, Francois Durand, Valerie Paradis And Olivier Soubrane. Paris, France.

Conclusion: Study proves for the first time, the feasibility of analysis of smartphone image parameters as technique for steatosis assessment in liver graft.

Presented at American Epilepsy Society Meeting | 2017

Outpatient Smartphone Videos for Classifying Epileptic and Nonepileptic Seizures

Authors: William O. Tatum DO¹, Larry Hirsch MD², Robert Duckrow MD², David Chen MD³, Michael Gelfand MD PhD⁴, Curt LaFrance MD⁵, Andrew Blum MD⁵, John Hixson MD⁶, Joe Drazkowski MD¹, Selim Benbadis MD⁷, Diego Carvalho MD¹, Alfonso Lopez MD¹, Erin Okazaki MD¹, Iris Marin Collazo MD¹, Ashish Ranpura MD², Scott Yuan MD², Jon Kleen MD⁶, Erin Coonan⁸, Gregory Cascino MD¹

Conclusion: Secure uploading, exchange, and analysis of SV data in patients with paroxysmal neurological events is feasible. Most SVs were non-convulsive though those with the highest concordance among raters were PNES almost exclusively differing from H & P. The median duration of SV was 1 min 28sec vs 60 mins with routine H & P and 2.54 Days with VEM ($p = < 0.0001$).

Institutions: Departments of Neurology: ¹Mayo Clinic, ²Yale University, ³Baylor University, ⁴University of Pennsylvania, ⁵Brown University, ⁶University of California San Francisco, ⁷University of South Florida, ⁸Boston College

Poster Presented at American Epilepsy Society Meeting | Dec 2017

Outpatient Smartphone Videos in Epilepsy (OSmartViE): Initial Results of Video Quality

Authors: Erin E. Coonan¹, Lawrence J. Hirsch MD², Robert B. Duckrow MD², David Chen MD³, Michael Gelfand MD PhD⁴, Andrew Blum MD⁵, John Hixson MD⁶, William LaFrance MD⁵, Joseph Drazkowski MD¹, Selim Benbadis MD⁷, Gregory Cascino MD¹, William O. Tatum DO¹

Conclusion: Smartphone Video (SV) are highly specific for ES diagnosis and highly sensitive to PNEA diagnosis. Most SV were adequate in clarity, audio and light according to physician review. SV were mostly limited by limited bystandER interaction, lack of whole body view and ICTAL period recorded.

Institutions: Departments Of Neurology: ¹Mayo Clinic, ²Yale University, ³Baylor University, ⁴University Of Pennsylvania, ⁵Brown University, ⁶University Of California San Francisco, ⁷University Of South Florida

Poster Presented at 13^{ème} Congrès Franco-Phone de Chirurgie Digestive et Hépatobilio-Pancréatique 13th Congress of Digestive Surgery and Hepato Pancreatic Bilio

Noninvasive Assessment of Liver Steatosis in Deceased Donors: a Pilot Study

Authors: Manuela Cesaretti^{1 2}, Nicolas Poté³, Francois Cauchy¹, Federica Dondero¹, Safi Dokmak¹, Ailton Sepulveda¹, Anne Sophie Schneck¹, Claire Francoz⁴, Francois Durand⁴, Valerie Paradis³, Olivier Soubrane¹

Conclusion: Study proves for the first time, the feasibility of analysis of smartphone image parameters as technique for steatosis assessment in liver graft.

Institutions: ¹Beaujon Hospital, Department: Hpb Surgery And Liver Transplantation; ²Istituto Italiano Di Tecnologia; ³Hôpital Beaujon, Department: Pathology; ⁴Beaujon Hospital, Hepatology And Liver Intensive Care.



Poster Presented at American Epilepsy Society | Dec 2016

Smartphone Videos in Epilepsy (OSmartViE): Initial Results

Authors: William O. Tatum DO, Robert Duckrow MD, David Chen MD, Michael Gelfand MD, Curt Lafrance MD, Andrew Blum MD, John Hixson MD, Joe Drazkowski MD, Selim Benbadis MD, Diego Carvalho MD, Alfonso Lopez MD, Erin Okazaki MD, Iris Marin Collazo MD, Ashish Ranpura MD, Scott Yuan MD, Jon Kleen MD, Erin Coonan, Gregory Cascino MD

Objective: Determine the usefulness of outpatient smartphone videos (SV) in epilepsy (OSmartViE) and report our preliminary findings of a multi-center prospective study. Video-EEG monitoring (VEM) is the most specific procedure in the evaluation process of patients with suspected seizures, but availability, cost and resource utilization are limited.

Results: Most patients who brought SV had convulsive episodes, but 70% were not ES. SV diagnosis had a level of confidence similar to history & physical. Epileptologists (71.4% accurate SV diagnostic rate) were better in identifying ES than trainees and more confident in non-epilepsy, despite similar accuracy.

Conclusion: Initial experience suggests SV are a useful adjunct to standard E & M and best medical practice for patients with seizures. Given reports of similar sensitivity to EEG (4), SV holds promise for patients in regions where availability and transferability are possible and barriers to access and resources are limited.

Institutions: Departments Of Neurology: ¹Mayo Clinic, ²Yale University, ³Baylor University, ⁴University Of Pennsylvania, ⁵Brown University, ⁶University Of California San Francisco, ⁷University Of South Florida, ⁸Boston College

Poster Presented at Parkinson and Movement Disorder Society | June 2016

Testing Feasibility and Utility of Remote Data Capture Technology to Assess Parkinson's Disease

Authors: James Carter, BA, Natalie Hellmers, MSN ACNP-BC, Aneliya Hanineva, BA, Claire Henchcliffe, MD DPHIL

Objective: Use of remote technology, including telemedicine, has emerged in early studies as a promising tool for managing chronic illnesses such as PD with potential benefits including expanded access to care and reduced treatment cost. This study evaluated the use of a recently developed HIPAA-compliant mobile device app, "Capture-Proof," for photo and video capture in remote administration of a modified short video UPDRS (svUPDRS).

Results: There were no significant differences observed between in-office UPDRS tests at baseline and final visit. Similarly, no differences detected comparing svUPDRS ratings for videos recorded in-office versus at home.

Conclusion: High-quality home video recordings for asynchronous video telecare are feasible in early to mid-stage PD using a HIPAA-compliant app and cloud-based platform. Ratings from the modified "svUPDRS" are in good agreement with scores on equivalent items from the in-person UPDRS

Institutions: Cornell Medical Center, New York, NY

Journal of Telemedicine and Telecare | March 2016

Remote Asynchronous Telerehabilitation Following Total Knee Arthroplasty

Authors: Stefano Bini, MD

Objective: Clinical outcomes following asynchronous telerehabilitation administered over the web and through a handheld device were not inferior to those achieved with traditional care.



Results: Overall outpatient utilization of hospital-based resources was 60 percent less than for the traditional group. Patient satisfaction was high for both groups.

Conclusion: The results suggest that asynchronous telerehabilitation may be a more practical alternative to real-time video visits and is clinically equivalent to the in-person care model.

Institutions: Kaiser Permanente, Oakland, CA

American Academy of Orthopaedic Surgeons | August 2013

Use of Smartphone Application for Management of Postoperative Wound Complications

Authors: Krzysztof B. Siemionow, MD

Objective: A HIPAA-compliant photo- and video-sharing platform developed to securely communicate between patients and clinicians using their smartphones can assist in management of postoperative wound complications.

Results: All of the wounds were managed successfully nonoperatively. Images were deemed to be acceptable in all cases but 1, in which image was out of focus. The application was used to communicate this to the patient and ask him to repeat the picture. Wound status was verified during the scheduled office visit and found to correspond with the image captured on the smartphone by the patient. At no point did the treatment plan that was formulated based on information obtained from the smartphone-based application change. All patients were satisfied with their ability to access their physician using the application.

Conclusion: Smartphone applications can serve as a useful tool in postoperative management of patients undergoing orthopaedic surgery.

Institutions: University Illinois Chicago, Chicago, IL

American Academy of Neurology | April 2013

Benefits of Medical Media in Pediatric Neurology Office

Authors: Sahebkar-Moghaddam F, Conroy M

Objective: A HIPAA-compliant platform (CaptureProof) can be used to share medical videos with pediatric neurologists to reduce the number of urgent patients referred to rule out seizures.

Results: Review of primary medical doctor referrals and medical record without video resulted in 1 non-urgent patient referred for tics, 18 urgent patients referred to rule out seizures, and 18 pre-appointment EEGs scheduled. The review of medical records with videos resulted in 15 non-urgent patients: (4) gratification disorder, (2) paroxysmal tonic upgaze (PTU), (6) stereotypies, (1) staring, (2) tics; 4 urgent patients: (1) absence seizure, (2) infantile spasms, (1) unclear, and 4 pre-appointment EEGs scheduled.

Conclusion: The use of **CAPTUREPROOF** for real-life patient monitoring allows for faster and more accurate diagnosis; reduces the need for costly tests, ER/office visits, and lengthy hospital stays; optimizes treatment modalities; and results in better care at a fraction of the cost of the current standard of care for patients.

Institutions: Sutter Medical Center, San Francisco, CA



Awards

CAPTUREPROOF is an innovative start-up recognized for impacting the ability to improve healthcare digital communication around the world.

Recognitions include:



2017: Accenture HealthTech Innovation Challenge – Top Three Innovator



2017: Presenter at the AOL and Publicist Innovative Mindset Session during CES



2016: Singularity University Global Summit 2016 – Winner in Health



2015: CES 2015 – Startup to Watch



2014: MEDy (Medical Entrepreneurship & Disruption) Award – Most Disruptive



2014: UHC Startup Challenge Winner



2014: American Heart Association's (AHA) Open Innovation Challenge Winner



2013: South by Southwest (SXSW) Venture2Venture Finalist in Health Technology



2013: TechStars Chicago



2012: Morgenthaler Health 2.0 – Judges' Choice for the Most Promising New Seed Stage Company

CAPTUREPROOF



Download the **CAPTUREPROOF** app

The **CAPTUREPROOF** health-tracking platform, which features the Smart Medical Camera™, is available to download for free on iTunes and Google play.



Contact

Website: www.captureproof.com

Phone: 1.415.770.2020



www.twitter.com/captureproof



www.facebook.com/captureproof



www.linkedin.com/company/captureproof



www.youtube.com/channel/UCDWc5HA9TSbWuKOCg8BftOw

For additional information, please email info@captureproof.com.



Leadership and Advisory Board

Leadership



Meghan Conroy, CEO

Meghan Conroy has questioned for years why, in the most connected era in history, access to health care is still one of our biggest challenges. In 2012, she embarked on a journey to answer that challenge with **CAPTUREPROOF**. **CAPTUREPROOF** is the HIPAA-compliant app to capture, compare and share medical photos and video asynchronously to enable doctor-to-doctor and doctor-to-patient visual communication.

Meghan's journey to bring **CAPTUREPROOF** from concept to vision was a passion project, fusing her love of photography and her desire to help improve patients' health. After earning a bachelor's degree in physiology, Meghan started her career as a pharmaceutical rep at Abbott Laboratories and Johnson & Johnson. She launched 14 products into the medical market, always ranking within the top of the company's sales force. After many successful years in pharma, Meghan moved to Paris to pursue a graduate degree in photography. She managed photography for clinical trials across Europe, where the need for **CAPTUREPROOF** became obvious, and a new dream – and **CAPTUREPROOF Inc.** – was born.

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