

Notice of Privacy Practices

Casa Privée

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: 22 September 2026

Who this notice covers

This notice applies to Privée Miami LLC, doing business as Casa Privée, at 1395 Brickell Avenue, Suite 200, Miami, Florida 33131, including its authorized Florida services delivered off-site or remotely. In this notice, “we,” “us,” and “our” mean this provider and the clinicians, contractors, trainees, and other authorized personnel acting on its behalf in handling your health information.

This notice covers identifiable information about your health, treatment, and payment for care, whether spoken, written, photographed, or stored electronically. Independently operating providers may have their own notices. A shared clinic name, location, or management team does not by itself authorize unrestricted sharing of records between organizations.

Our responsibilities

We are required by law to protect the privacy of your protected health information, give you this notice of our legal duties and privacy practices, and follow the notice currently in effect. We maintain appropriate safeguards and limit access and disclosures as the law requires. We will notify you without unreasonable delay, and within the applicable legal deadline, if a breach of unsecured protected health information requires notice to you.

Other uses and disclosures not described in this notice will be made only with your written authorization. When another law provides greater confidentiality protection, we follow that law.

Your privacy contact

For questions, requests concerning your records, or privacy complaints, contact:

Privacy Officer: Jacob Yifrach, Chief Operating Officer

Telephone: (305) 434-2647

Mailing address: Attention Jacob Yifrach, Privacy Officer

1395 Brickell Avenue, Suite 200, Miami, Florida 33131

You may submit privacy questions, requests, or complaints by telephone, by mail, or in person at the clinic.

Please tell us if you need help understanding this notice or submitting a request. You may ask for a paper copy at any time, even if you previously accepted an electronic copy.

Your rights concerning your health information

See or obtain your records. You may ask to inspect or receive an electronic or paper copy of the medical, billing, and other records used to make decisions about you. Send your request to the Privacy Officer. We generally act within 30 days; if a lawful extension is necessary, we will explain the reason and completion date in writing. We provide the requested format if readily producible, or agree on another format with you. Any copying fee will be reasonable, cost based, and allowed by law. Unpaid treatment bills will not prevent access. Some limited exclusions apply, including separately maintained psychotherapy notes. If access is denied, we will explain the reason and any right to review.

Request a correction. If you believe information in your records is inaccurate or incomplete, submit a written amendment request explaining why. We generally respond within 60 days, subject to a lawful extension with written notice. If we deny the request, we will explain why and how you may submit a statement of disagreement for the record.

Choose how we contact you. You may request reasonable confidential communications, such as calling a particular number or mailing information to another address. Tell the Privacy Officer your preferred method and location. We will accommodate reasonable requests without requiring you to explain the reason.

Request limits on use or disclosure. You may ask us to restrict information used or shared for treatment, payment, or health care operations, or shared with people involved in your care. We generally do not have to agree, but will follow restrictions we accept, subject to legally permitted exceptions such as emergency treatment. If you pay in full out of pocket for a particular item or service, we must honor your request not to disclose information relating solely to that item or service to your health plan for payment or health care operations, unless disclosure is required by law. Tell us before we submit a claim.

Receive an accounting of disclosures. You may request a list of certain disclosures made during the preceding six years, identifying the recipient, date, information disclosed, and purpose. HIPAA generally excludes disclosures for treatment, payment, and operations, disclosures to you or made with your authorization, and certain other disclosures. One accounting in a 12-month period is free. We will tell you in advance about any permitted charge for another accounting and allow you to change or withdraw the request.

Use an authorized representative. A person legally authorized to act for you may exercise relevant rights on your behalf. We verify that authority and follow applicable rules for minors and for situations involving abuse, neglect, or endangerment. Being a relative or paying for care does not automatically provide access to all records.

Complain without retaliation. You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/hipaa/filing-a-complaint/index.html, by calling 1-877-696-6775, or by writing to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate against you for making a complaint.

How we may use and share your information

The permissions below apply only when all legal conditions are met. The additional protections on the next page may require consent or limit disclosure even when HIPAA would otherwise permit it.

Treatment. We may use your information to evaluate, plan, provide, and coordinate care, including with laboratories, pharmacies, and other treating professionals. For example, we may share your medication list with a physician involved in your treatment to avoid an interaction. We may contact you about appointments, treatment alternatives, and relevant health services.

Payment. We may use information to prepare bills, collect payment, and verify coverage or obtain payment from an insurer where applicable. For example, a claim may identify the treatment you received. We obtain any authorization required by Florida law or other applicable law and honor required restrictions for fully self-paid care.

Health care operations. We may use information to manage clinical services, review quality and safety, assess professional qualifications, train authorized clinical personnel, and perform necessary administrative functions. For example, an authorized quality reviewer may examine a record to assess care. Service providers such as record-system or billing vendors receive information only as legally permitted and under required confidentiality agreements.

People involved in your care and disaster relief. Where permitted, we may share relevant information with a person you identify as involved in your care or payment, or with disaster-relief organizations. We give you an opportunity to agree or object and obtain written consent where required. If you cannot express a preference, we may make a limited disclosure in your best interests only where the law permits.

Public health and safety. We may report disease, adverse reactions, product problems, or suspected abuse, neglect, or domestic violence to authorized recipients when legally permitted or required. We may disclose information to help prevent or lessen a serious and imminent threat when the applicable legal conditions are satisfied.

Oversight and legal requirements. We may provide information for lawful licensing reviews, audits, inspections, investigations, and other health oversight, and to HHS to evaluate privacy compliance. We may disclose information when required by law, for workers' compensation as authorized, or for permitted law-enforcement, military, national-security, protective-service, or correctional purposes. A request from an official does not by itself authorize disclosure.

Court and administrative proceedings. We may respond to a valid court order or other lawful process only after satisfying applicable requirements, including notice, protective measures, consent, or additional court authorization where required. The stricter rules for substance use disorder records are explained on the next page.

Donation and deceased persons. Where permitted, we may share information with organ and tissue procurement organizations, coroners, medical examiners, and funeral directors for their legally authorized functions.

Research. We may use or disclose information for research with your authorization or when a specific legal exception applies. HIPAA may permit an approved waiver, but that does not override stricter Florida requirements. Where Florida law requires permission or protection of identity, we obtain permission or use information that protects your identity.

Additional protections and your choices

Florida confidentiality protections. Florida law generally limits disclosure of medical records and discussion of your condition outside you, your legal representative, and providers involved in your care unless you give written authorization or a statutory exception applies. HIV test information has additional restrictions: a general release alone may be insufficient, and disclosure is limited to authorized recipients or specific legal exceptions. Mental health records subject to Florida's mental health confidentiality law also have special consent and disclosure rules. We apply these protections wherever they govern your records.

Substance use disorder records. Some substance use disorder records are protected by 42 CFR Part 2. When we hold such records, we apply those protections in addition to HIPAA. Part 2 programs generally need your written consent for treatment, payment, and health care operations disclosures outside applicable exceptions; you may give a single consent for future disclosures for those purposes. If we receive Part 2 records under that consent as a HIPAA-covered provider, we may redisclose them as HIPAA permits, subject to Part 2's continuing restrictions. An ordinary treatment disclosure permission does not eliminate those restrictions.

Part 2 records, and testimony describing them, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a qualifying Part 2 court order issued after you or the record holder receives notice and an opportunity to be heard. A court order authorizing disclosure must also be accompanied by a subpoena or other legal mandate compelling disclosure. A subpoena alone is insufficient. For example, we cannot release protected addiction-treatment records for use against you in a criminal case solely because an investigator requests them.

Psychotherapy notes. Most uses and disclosures of separately maintained psychotherapy notes require your specific written authorization, apart from narrow exceptions permitted by law. These notes are different from ordinary medical records of diagnoses, medications, and treatment plans.

Marketing and public use. Uses and disclosures for marketing that require authorization under HIPAA, and sales of protected health information, require your written authorization. Identifiable photographs, testimonials, recordings, or patient stories for advertising, social media, or public presentations require a separate appropriate written authorization. Receiving treatment does not itself authorize publicity.

Fundraising. If we conduct legally permitted fundraising using your information, you may opt out through the method stated in the communication or by contacting the Privacy Officer. Your choice will not affect treatment or payment. Before using Part 2 records for fundraising, we will give you a clear, conspicuous opportunity to elect not to receive such communications.

Revoking permission. You may revoke a written authorization by writing to the Privacy Officer, except to the extent we have already relied on it and other limited exceptions allowed by law. Revocation does not undo disclosures already made. A notice acknowledgment is not a treatment consent or an authorization to release records.

Changes to this notice. We reserve the right to change our privacy practices and this notice as allowed by law and to apply revised practices to information we already hold and information received later. A revised notice will show its effective date and be available at our office, on our website, and upon request. Changes cannot override applicable legal protections.

Substance use disorder privacy notice

Casa Privée substance use disorder services

Effective 22 September 2026. This section applies to records of Casa Privée substance use disorder services when those records are protected by 42 CFR Part 2. It supplements the preceding notice. Where protections differ, the stricter applicable rule governs.

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, YOUR RIGHTS, AND HOW TO COMPLAIN ABOUT A VIOLATION OF PRIVACY, SECURITY, OR YOUR INFORMATION RIGHTS.

YOU HAVE A RIGHT TO A PAPER OR ELECTRONIC COPY AND TO DISCUSS THIS NOTICE WITH JACOB YIFRACH, PRIVACY OFFICER, AT (305) 434-2647.

Your consent For most uses and disclosures of your Part 2 records, we must obtain your written consent. You may provide a single consent for future treatment, payment, and health care operations, or a more limited consent. For example, with the necessary consent, we may share medication information with a treating physician, send relevant information to a payer, or use information for authorized quality review. We will explain any effect of a limited consent on the services or payment arrangements you request.

Other consent-based disclosures With the required consent, we may disclose information to the recipients you designate, coordinate enrollment in withdrawal-management or maintenance programs, report participation in court-referred care, or report prescribed substance use disorder medications to a prescription drug monitoring program when applicable. A consent for proceedings against you must be separate from a consent for other purposes. Separately maintained substance use disorder counseling notes require a separate consent for most uses and disclosures, subject to narrow legal exceptions.

Change or limit permission You may revoke consent in writing through the Privacy Officer, except to the extent it has already been relied upon or another lawful exception applies. You may ask to limit treatment, payment, or operations disclosures. We are generally not required to agree, except for required restrictions concerning fully self-paid services disclosed to your health insurer. We follow restrictions we accept, subject to lawful emergency exceptions.

Redisclosure When a HIPAA-covered entity or business associate receives Part 2 records under your consent for treatment, payment, and health care operations, it may redisclose them as HIPAA permits. The restrictions on using your records in proceedings against you continue to apply. Other recipients remain subject to the applicable Part 2 restrictions.

Fundraising choice We give you a clear and conspicuous opportunity to elect not to receive fundraising communications before we use Part 2 information for fundraising. You may opt out by calling or writing to the Privacy Officer. Your choice does not affect your treatment or payment.

Additional rules for substance use disorder records

The following exceptions are limited by Part 2 and any stricter applicable law. They do not create a general permission to share your addiction-treatment records.

Program administration We may communicate within the program or with the entity directly controlling it when personnel need the information for their duties. Qualified service organizations may receive necessary information under the required agreements and safeguards.

Emergencies and public health We may disclose necessary information to medical personnel during a bona fide medical emergency when prior consent cannot be obtained, and in other specific emergency circumstances permitted by Part 2. We may assist legally authorized FDA product-safety notifications. Public-health disclosures under Part 2's public-health exception must be de-identified.

Research and oversight We may disclose information for qualifying scientific research, audits, or program evaluations only with the required safeguards and approvals. Research reports must not identify you. Audit and evaluation recipients must follow applicable restrictions on use, retention, redisclosure, and proceedings against patients.

Limited reporting exceptions We may report suspected child abuse or neglect as required by law; the underlying Part 2 treatment records remain protected. We may report a crime or threat of a crime on program premises or against program personnel within the limits of Part 2. We may disclose information for legally authorized cause-of-death inquiries.

Proceedings against you We will not use or disclose your Part 2 records, or testimony about them, in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a qualifying Part 2 court order. The court-order route requires notice and an opportunity for you or the record holder to be heard, and a subpoena or similar legal mandate compelling disclosure. A subpoena by itself is insufficient. For example, an investigator's request alone does not authorize release of your addiction-treatment records for use against you.

Proceedings concerning the program Different Part 2 procedures can apply to investigations or proceedings against the program or record holder. A qualifying court order may be issued without advance notice to you; Part 2 provides a right to seek revocation or amendment after learning of it. We follow the applicable order and process requirements.

Your rights and complaints The access, amendment, confidential-communication, representation, and HIPAA accounting rights described earlier continue to apply where applicable. You may also request the list of disclosures through an intermediary available under Part 2. Any additional Part 2 accounting right applies when its regulatory compliance date takes effect. You may complain about privacy, security, or information-rights violations to Jacob Yifrach at (305) 434-2647 or at 1395 Brickell Avenue, Suite 200, Miami, Florida 33131, or to HHS using the contact details in the preceding notice. We will not retaliate.

Our duties We must protect your information, provide and follow this notice, and notify you of reportable breaches. Uses or disclosures outside those described require the appropriate written consent unless specifically authorized by law. The effective date, contact details, and process for obtaining a revised notice stated in the preceding notice also apply to this section.

Acknowledgment of receipt

Notice of Privacy Practices

Issuing provider or clinic: Casa Privée

Notice effective date: 22 September 2026

I acknowledge that I received a copy of the Notice of Privacy Practices identified above. I understand that I may ask questions and request another copy at any time.

My signature confirms receipt only. It does not waive my privacy rights, consent to treatment, authorize marketing, or authorize a use or disclosure requiring separate consent. I am not legally required to sign this acknowledgment.

Patient full name: _____

Date of birth or patient identifier: _____

Patient or authorized representative signature: _____

Date signed: _____

Representative name if applicable: _____

Relationship and legal authority: _____

For clinic use when an acknowledgment is not obtained

Date and method notice was provided: _____

Reason acknowledgment was not obtained:

☐ Patient declined to sign

☐ Emergency treatment

☐ Patient was unable to sign

☐ Other: _____

Good-faith efforts made and follow-up where appropriate:

Personnel name and signature: _____

Date: _____

Notice of Privacy Practices

Miami Stem Cell Clinic

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: 22 September 2026

Who this notice covers

This notice applies to Miami Stem Cell Clinic LLC, doing business as Miami Stem Cell Clinic, at 1395 Brickell Avenue, Suite 200, Miami, Florida 33131, including its authorized Florida services delivered off-site or remotely. In this notice, “we,” “us,” and “our” mean this provider and the clinicians, contractors, trainees, and other authorized personnel acting on its behalf in handling your health information.

This notice covers identifiable information about your health, treatment, and payment for care, whether spoken, written, photographed, or stored electronically. Independently operating providers may have their own notices. A shared clinic name, location, or management team does not by itself authorize unrestricted sharing of records between organizations.

Our responsibilities

We are required by law to protect the privacy of your protected health information, give you this notice of our legal duties and privacy practices, and follow the notice currently in effect. We maintain appropriate safeguards and limit access and disclosures as the law requires. We will notify you without unreasonable delay, and within the applicable legal deadline, if a breach of unsecured protected health information requires notice to you.

Other uses and disclosures not described in this notice will be made only with your written authorization. When another law provides greater confidentiality protection, we follow that law.

Your privacy contact

For questions, requests concerning your records, or privacy complaints, contact:

Privacy Officer: Jacob Yifrach, Chief Operating Officer

Telephone: (305) 434-2647

Mailing address: Attention Jacob Yifrach, Privacy Officer

1395 Brickell Avenue, Suite 200, Miami, Florida 33131

You may submit privacy questions, requests, or complaints by telephone, by mail, or in person at the clinic.

Please tell us if you need help understanding this notice or submitting a request. You may ask for a paper copy at any time, even if you previously accepted an electronic copy.

Your rights concerning your health information

See or obtain your records. You may ask to inspect or receive an electronic or paper copy of the medical, billing, and other records used to make decisions about you. Send your request to the Privacy Officer. We generally act within 30 days; if a lawful extension is necessary, we will explain the reason and completion date in writing. We provide the requested format if readily producible, or agree on another format with you. Any copying fee will be reasonable, cost based, and allowed by law. Unpaid treatment bills will not prevent access. Some limited exclusions apply, including separately maintained psychotherapy notes. If access is denied, we will explain the reason and any right to review.

Request a correction. If you believe information in your records is inaccurate or incomplete, submit a written amendment request explaining why. We generally respond within 60 days, subject to a lawful extension with written notice. If we deny the request, we will explain why and how you may submit a statement of disagreement for the record.

Choose how we contact you. You may request reasonable confidential communications, such as calling a particular number or mailing information to another address. Tell the Privacy Officer your preferred method and location. We will accommodate reasonable requests without requiring you to explain the reason.

Request limits on use or disclosure. You may ask us to restrict information used or shared for treatment, payment, or health care operations, or shared with people involved in your care. We generally do not have to agree, but will follow restrictions we accept, subject to legally permitted exceptions such as emergency treatment. If you pay in full out of pocket for a particular item or service, we must honor your request not to disclose information relating solely to that item or service to your health plan for payment or health care operations, unless disclosure is required by law. Tell us before we submit a claim.

Receive an accounting of disclosures. You may request a list of certain disclosures made during the preceding six years, identifying the recipient, date, information disclosed, and purpose. HIPAA generally excludes disclosures for treatment, payment, and operations, disclosures to you or made with your authorization, and certain other disclosures. One accounting in a 12-month period is free. We will tell you in advance about any permitted charge for another accounting and allow you to change or withdraw the request.

Use an authorized representative. A person legally authorized to act for you may exercise relevant rights on your behalf. We verify that authority and follow applicable rules for minors and for situations involving abuse, neglect, or endangerment. Being a relative or paying for care does not automatically provide access to all records.

Complain without retaliation. You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/hipaa/filing-a-complaint/index.html, by calling 1-877-696-6775, or by writing to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate against you for making a complaint.

How we may use and share your information

The permissions below apply only when all legal conditions are met. The additional protections on the next page may require consent or limit disclosure even when HIPAA would otherwise permit it.

Treatment. We may use your information to evaluate, plan, provide, and coordinate care, including with laboratories, pharmacies, and other treating professionals. For example, we may share your medication list with a physician involved in your treatment to avoid an interaction. We may contact you about appointments, treatment alternatives, and relevant health services.

Payment. We may use information to prepare bills, collect payment, and verify coverage or obtain payment from an insurer where applicable. For example, a claim may identify the treatment you received. We obtain any authorization required by Florida law or other applicable law and honor required restrictions for fully self-paid care.

Health care operations. We may use information to manage clinical services, review quality and safety, assess professional qualifications, train authorized clinical personnel, and perform necessary administrative functions. For example, an authorized quality reviewer may examine a record to assess care. Service providers such as record-system or billing vendors receive information only as legally permitted and under required confidentiality agreements.

People involved in your care and disaster relief. Where permitted, we may share relevant information with a person you identify as involved in your care or payment, or with disaster-relief organizations. We give you an opportunity to agree or object and obtain written consent where required. If you cannot express a preference, we may make a limited disclosure in your best interests only where the law permits.

Public health and safety. We may report disease, adverse reactions, product problems, or suspected abuse, neglect, or domestic violence to authorized recipients when legally permitted or required. We may disclose information to help prevent or lessen a serious and imminent threat when the applicable legal conditions are satisfied.

Oversight and legal requirements. We may provide information for lawful licensing reviews, audits, inspections, investigations, and other health oversight, and to HHS to evaluate privacy compliance. We may disclose information when required by law, for workers' compensation as authorized, or for permitted law-enforcement, military, national-security, protective-service, or correctional purposes. A request from an official does not by itself authorize disclosure.

Court and administrative proceedings. We may respond to a valid court order or other lawful process only after satisfying applicable requirements, including notice, protective measures, consent, or additional court authorization where required. The stricter rules for substance use disorder records are explained on the next page.

Donation and deceased persons. Where permitted, we may share information with organ and tissue procurement organizations, coroners, medical examiners, and funeral directors for their legally authorized functions.

Research. We may use or disclose information for research with your authorization or when a specific legal exception applies. HIPAA may permit an approved waiver, but that does not override stricter Florida requirements. Where Florida law requires permission or protection of identity, we obtain permission or use information that protects your identity.

Additional protections and your choices

Florida confidentiality protections. Florida law generally limits disclosure of medical records and discussion of your condition outside you, your legal representative, and providers involved in your care unless you give written authorization or a statutory exception applies. HIV test information has additional restrictions: a general release alone may be insufficient, and disclosure is limited to authorized recipients or specific legal exceptions. Mental health records subject to Florida's mental health confidentiality law also have special consent and disclosure rules. We apply these protections wherever they govern your records.

Substance use disorder records. Some substance use disorder records are protected by 42 CFR Part 2. When we hold such records, we apply those protections in addition to HIPAA. Part 2 programs generally need your written consent for treatment, payment, and health care operations disclosures outside applicable exceptions; you may give a single consent for future disclosures for those purposes. If we receive Part 2 records under that consent as a HIPAA-covered provider, we may redisclose them as HIPAA permits, subject to Part 2's continuing restrictions. An ordinary treatment disclosure permission does not eliminate those restrictions.

Part 2 records, and testimony describing them, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a qualifying Part 2 court order issued after you or the record holder receives notice and an opportunity to be heard. A court order authorizing disclosure must also be accompanied by a subpoena or other legal mandate compelling disclosure. A subpoena alone is insufficient. For example, we cannot release protected addiction-treatment records for use against you in a criminal case solely because an investigator requests them.

Psychotherapy notes. Most uses and disclosures of separately maintained psychotherapy notes require your specific written authorization, apart from narrow exceptions permitted by law. These notes are different from ordinary medical records of diagnoses, medications, and treatment plans.

Marketing and public use. Uses and disclosures for marketing that require authorization under HIPAA, and sales of protected health information, require your written authorization. Identifiable photographs, testimonials, recordings, or patient stories for advertising, social media, or public presentations require a separate appropriate written authorization. Receiving treatment does not itself authorize publicity.

Fundraising. If we conduct legally permitted fundraising using your information, you may opt out through the method stated in the communication or by contacting the Privacy Officer. Your choice will not affect treatment or payment. Before using Part 2 records for fundraising, we will give you a clear, conspicuous opportunity to elect not to receive such communications.

Revoking permission. You may revoke a written authorization by writing to the Privacy Officer, except to the extent we have already relied on it and other limited exceptions allowed by law. Revocation does not undo disclosures already made. A notice acknowledgment is not a treatment consent or an authorization to release records.

Changes to this notice. We reserve the right to change our privacy practices and this notice as allowed by law and to apply revised practices to information we already hold and information received later. A revised notice will show its effective date and be available at our office, on our website, and upon request. Changes cannot override applicable legal protections.

Acknowledgment of receipt

Notice of Privacy Practices

Issuing provider or clinic: Miami Stem Cell Clinic

Notice effective date: 22 September 2026

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Date signed: _____

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☐ Patient was unable to sign

☐ Other: _____

Good-faith efforts made and follow-up where appropriate:

Personnel name and signature: _____

Date: _____

Notice of Privacy Practices

Institute of Regenerative Medicine and Neuroscience

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Effective date: 22 September 2026

Who this notice covers

This notice applies to the clinical services of Privee Clinics NFP Inc, doing business as the Institute of Regenerative Medicine and Neuroscience (IRMN), at 1395 Brickell Avenue, Suite 200, Miami, Florida 33131, including its authorized Florida services delivered off-site or remotely. In this notice, “we,” “us,” and “our” mean this provider and the clinicians, contractors, trainees, and other authorized personnel acting on its behalf in handling your health information.

This notice covers identifiable information about your health, treatment, and payment for care, whether spoken, written, photographed, or stored electronically. Independently operating providers may have their own notices. A shared clinic name, location, or management team does not by itself authorize unrestricted sharing of records between organizations.

Our responsibilities

We are required by law to protect the privacy of your protected health information, give you this notice of our legal duties and privacy practices, and follow the notice currently in effect. We maintain appropriate safeguards and limit access and disclosures as the law requires. We will notify you without unreasonable delay, and within the applicable legal deadline, if a breach of unsecured protected health information requires notice to you.

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Request limits on use or disclosure. You may ask us to restrict information used or shared for treatment, payment, or health care operations, or shared with people involved in your care. We generally do not have to agree, but will follow restrictions we accept, subject to legally permitted exceptions such as emergency treatment. If you pay in full out of pocket for a particular item or service, we must honor your request not to disclose information relating solely to that item or service to your health plan for payment or health care operations, unless disclosure is required by law. Tell us before we submit a claim.

Receive an accounting of disclosures. You may request a list of certain disclosures made during the preceding six years, identifying the recipient, date, information disclosed, and purpose. HIPAA generally excludes disclosures for treatment, payment, and operations, disclosures to you or made with your authorization, and certain other disclosures. One accounting in a 12-month period is free. We will tell you in advance about any permitted charge for another accounting and allow you to change or withdraw the request.

Use an authorized representative. A person legally authorized to act for you may exercise relevant rights on your behalf. We verify that authority and follow applicable rules for minors and for situations involving abuse, neglect, or endangerment. Being a relative or paying for care does not automatically provide access to all records.

Complain without retaliation. You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/hipaa/filing-a-complaint/index.html, by calling 1-877-696-6775, or by writing to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate against you for making a complaint.

How we may use and share your information

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People involved in your care and disaster relief. Where permitted, we may share relevant information with a person you identify as involved in your care or payment, or with disaster-relief organizations. We give you an opportunity to agree or object and obtain written consent where required. If you cannot express a preference, we may make a limited disclosure in your best interests only where the law permits.

Public health and safety. We may report disease, adverse reactions, product problems, or suspected abuse, neglect, or domestic violence to authorized recipients when legally permitted or required. We may disclose information to help prevent or lessen a serious and imminent threat when the applicable legal conditions are satisfied.

Oversight and legal requirements. We may provide information for lawful licensing reviews, audits, inspections, investigations, and other health oversight, and to HHS to evaluate privacy compliance. We may disclose information when required by law, for workers' compensation as authorized, or for permitted law-enforcement, military, national-security, protective-service, or correctional purposes. A request from an official does not by itself authorize disclosure.

Court and administrative proceedings. We may respond to a valid court order or other lawful process only after satisfying applicable requirements, including notice, protective measures, consent, or additional court authorization where required. The stricter rules for substance use disorder records are explained on the next page.

Donation and deceased persons. Where permitted, we may share information with organ and tissue procurement organizations, coroners, medical examiners, and funeral directors for their legally authorized functions.

Research. We may use or disclose information for research with your authorization or when a specific legal exception applies. HIPAA may permit an approved waiver, but that does not override stricter Florida requirements. Where Florida law requires permission or protection of identity, we obtain permission or use information that protects your identity.

Additional protections and your choices

Florida confidentiality protections. Florida law generally limits disclosure of medical records and discussion of your condition outside you, your legal representative, and providers involved in your care unless you give written authorization or a statutory exception applies. HIV test information has additional restrictions: a general release alone may be insufficient, and disclosure is limited to authorized recipients or specific legal exceptions. Mental health records subject to Florida's mental health confidentiality law also have special consent and disclosure rules. We apply these protections wherever they govern your records.

Substance use disorder records. Some substance use disorder records are protected by 42 CFR Part 2. When we hold such records, we apply those protections in addition to HIPAA. Part 2 programs generally need your written consent for treatment, payment, and health care operations disclosures outside applicable exceptions; you may give a single consent for future disclosures for those purposes. If we receive Part 2 records under that consent as a HIPAA-covered provider, we may redisclose them as HIPAA permits, subject to Part 2's continuing restrictions. An ordinary treatment disclosure permission does not eliminate those restrictions.

Part 2 records, and testimony describing them, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a qualifying Part 2 court order issued after you or the record holder receives notice and an opportunity to be heard. A court order authorizing disclosure must also be accompanied by a subpoena or other legal mandate compelling disclosure. A subpoena alone is insufficient. For example, we cannot release protected addiction-treatment records for use against you in a criminal case solely because an investigator requests them.

Psychotherapy notes. Most uses and disclosures of separately maintained psychotherapy notes require your specific written authorization, apart from narrow exceptions permitted by law. These notes are different from ordinary medical records of diagnoses, medications, and treatment plans.

Marketing and public use. Uses and disclosures for marketing that require authorization under HIPAA, and sales of protected health information, require your written authorization. Identifiable photographs, testimonials, recordings, or patient stories for advertising, social media, or public presentations require a separate appropriate written authorization. Receiving treatment does not itself authorize publicity.

Fundraising. If we conduct legally permitted fundraising using your information, you may opt out through the method stated in the communication or by contacting the Privacy Officer. Your choice will not affect treatment or payment. Before using Part 2 records for fundraising, we will give you a clear, conspicuous opportunity to elect not to receive such communications.

Revoking permission. You may revoke a written authorization by writing to the Privacy Officer, except to the extent we have already relied on it and other limited exceptions allowed by law. Revocation does not undo disclosures already made. A notice acknowledgment is not a treatment consent or an authorization to release records.

Changes to this notice. We reserve the right to change our privacy practices and this notice as allowed by law and to apply revised practices to information we already hold and information received later. A revised notice will show its effective date and be available at our office, on our website, and upon request. Changes cannot override applicable legal protections.

Acknowledgment of receipt

Notice of Privacy Practices

Issuing provider or clinic: Institute of Regenerative Medicine and Neuroscience

Notice effective date: 22 September 2026

I acknowledge that I received a copy of the Notice of Privacy Practices identified above. I understand that I may ask questions and request another copy at any time.

My signature confirms receipt only. It does not waive my privacy rights, consent to treatment, authorize marketing, or authorize a use or disclosure requiring separate consent. I am not legally required to sign this acknowledgment.

Patient full name: _____

Date of birth or patient identifier: _____

Patient or authorized representative signature: _____

Date signed: _____

Representative name if applicable: _____

Relationship and legal authority: _____

For clinic use when an acknowledgment is not obtained

Date and method notice was provided: _____

Reason acknowledgment was not obtained:

☐ Patient declined to sign

☐ Emergency treatment

☐ Patient was unable to sign

☐ Other: _____

Good-faith efforts made and follow-up where appropriate:

Personnel name and signature: _____

Date: _____