

International Center for Health and Wellness, LLC.

Notice of Privacy Practices

Effective Date: February 16, 2026

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.

I. YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

-You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.

-We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

-You can ask us to correct health information about you that you think is incorrect or incomplete.

-We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Out-of-Pocket Payments: If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

-You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

-We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Right to Deletion and Automated Decision Opt-Out

-You have the right to request the deletion of non-medical personal data we have collected.

-You have the right to request a manual review or explanation of any "profiling" or automated decision-making tools used for health assessments, care pathways, or eligibility.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated

-You can complain if you feel we have violated your rights by contacting our Privacy Officer using the information at the end of this notice.

-You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

II. YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

Family and Friends

You can tell us who to share information with during your care.

Sensitive Data & Biometrics

We will not process "Sensitive Data" (including precise geolocation or neural data) or utilize biometric identifiers (such as facial or fingerprint ID) without your explicit written opt-in consent. Biometric data used for portal security is retained only as long as necessary to provide access and is deleted upon account closure.

Marketing and Sale

We **never** share your information for marketing purposes or sell your information without your written permission.

Substance Use Disorder Records

Per 42 CFR Part 2 and HIPAA alignment, your Substance Use Disorder (SUD) records receive enhanced protections. They will not be used in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.

III. OUR USES AND DISCLOSURES

How do we typically use or share your health information?

Treat You

We use your info and share it with other professionals treating you.

Run Our Organization

We use your info to manage your treatment and improve care.

Payment and Billing

Although we do not bill insurance companies directly, we use and share your health information to provide you with documentation (such as "superbills") so that you may seek reimbursement from your health plan or other entities. We also use your information to process your direct payments to our practice.

Telemedicine Technology

We utilize Charm Health (MedicalMine Inc.) as our secure EHR. Data is stored in a secure cloud environment. You are responsible for your portal security.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good. We must meet many conditions in the law before we can share your information for these purposes:

Public Health and Safety

Preventing disease, reporting suspected abuse/neglect, or reducing a serious threat to health/safety.

Research & Legal Requirements

We will share info if state or federal laws require it.

Special Government Functions

Such as military, national security, and presidential protective services.

Lawsuits and Legal Actions

In response to a court or administrative order, or in response to a subpoena.

Redisclosure Warning

If you request that we disclose your health information to a person or entity not covered by HIPAA (such as a third-party app, a life insurer, or an employer), that information may no longer be protected by federal privacy laws and could be subject to redisclosure by the recipient.

IV. OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you

change your mind, let us know in writing.

V. CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our website, within our patient portal (Charm Health), and upon request in our office.

CONTACT INFORMATION

Requests to inspect and copy your medical records, amend your health information, or obtain an accounting of disclosures should be made in writing to the Privacy Officer at the address below. For questions, or to make a complaint, you may write or call the Privacy Officer at the address or phone number below. For maximum security, patients are encouraged to submit privacy inquiries via the secure Charm Health portal.

Attention to: Privacy Officer

Practice Name: International Center for Health and Wellness, LLC.

Mailing Address: 6900 Daniels Pkwy, Ste 29-173, Fort Myers, FL 33912

Phone: 239-939-3303