NEW ERA WELLNESS LLC

Notice of Privacy Practices

Effective Date: July 27, 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.

This notice applies to health information created or maintained by New Era Wellness LLC ("New Era Wellness," "we," "our," or "us"). It explains your rights, our legal duties, and how we may use and share your protected health information.

Privacy Contact

Privacy Officer	Sherezade Munoz, AP, DOM
Telephone	(239) 245-1431
Email	info@feelnewagain.com
Website	www.feelnewagain.com

Your Rights

You have the right to:

- Get an electronic or paper copy of your medical record.
- Ask us to correct information you believe is incorrect or incomplete.
- Request that we contact you in a specific way or at a different location.
- Ask us to limit certain uses or disclosures of your information.
- Get a list of certain disclosures we have made.
- Get a paper copy of this notice.
- Choose someone with legal authority to act for you.
- File a complaint without retaliation if you believe your privacy rights were violated.

Get a copy of your medical record

You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will provide a copy or summary within the time required by law. We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your medical record

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in some circumstances, but we will explain the reason in writing within the time required by law.

Request confidential communications

You may ask us to contact you in a specific way, such as by phone, email, or mail, or to send communications to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or health care operations. We are not always required to agree. If you pay for a service or item out of pocket in full, you may ask us not to share that information with your health insurer for payment or health care operations, and we will honor that request unless the law requires disclosure.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information made during the six years before your request. The accounting does not include all disclosures, such as many disclosures for treatment, payment, health care operations, or disclosures you authorized. One accounting in a 12-month period is provided without charge; a reasonable fee may apply to additional requests.

Get a copy of this notice

You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide one promptly.

Choose someone to act for you

A person with legal authority to act for you, such as a legal guardian or health care power of attorney, may exercise your privacy rights. We will verify that authority before acting.

File a complaint

You may complain to New Era Wellness by contacting the Privacy Officer listed above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by calling 1-877-696-6775 or using the HHS complaint process. We will not retaliate against you for filing a complaint.

Your Choices

In certain situations, you may tell us how you want your information shared. Your choices may include whether we:

- Share information with family, friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.
- Use or disclose information for marketing purposes when written authorization is required.
- Sell your health information. New Era Wellness does not sell protected health information.
- Share most psychotherapy notes, if we maintain any.

If you cannot tell us your preference, such as when you are unconscious, we may share information if we believe it is in your best interest and the law permits it. We may also share information when needed to lessen a serious and imminent threat to health or safety.

New Era Wellness does not currently use protected health information for fundraising communications.

How We Typically Use or Share Your Health Information

Treat you

We may use your health information and share it with other health professionals involved in your care. Example: We may share relevant information with a physician, therapist, pharmacist, laboratory, or another practitioner who is helping treat you.

Run our practice

We may use and share your information to operate our practice, coordinate care, improve services, train workforce members, conduct quality reviews, manage scheduling, send appointment reminders, and contact you when necessary. Example: We may review your chart to evaluate treatment progress or use your contact information to remind you of an appointment.

Bill for services

We may use and share your information to bill and obtain payment from you, a health plan, the Department of Veterans Affairs, a third-party administrator, or another payer. Example: We may provide information about a treatment to a health plan so it can process a claim.

Other Uses and Disclosures Permitted or Required by Law

We may use or share your information in other ways when permitted or required by law. These uses and disclosures are subject to legal conditions and safeguards. Examples include:

- Public health and safety activities, such as preventing disease, reporting adverse reactions, helping with product recalls, reporting suspected abuse or neglect, or reducing a serious threat to health or safety.
- Health oversight activities authorized by law.
- Research that satisfies applicable legal requirements.

- Compliance with federal or state law, including disclosures to the U.S. Department of Health and Human Services to confirm compliance with privacy laws.
- Workers' compensation claims and other benefits programs authorized by law.
- Law-enforcement or other government requests when legal requirements are met.
- Military, national security, and protective-service functions authorized by law.
- Coroners, medical examiners, and funeral directors when an individual dies.
- Organ and tissue donation organizations when applicable.
- Court or administrative proceedings in response to a valid order, subpoena, or other lawful process.

We will obtain your written authorization before using or disclosing your information for a purpose that is not described in this notice and is not otherwise permitted or required by law. You may revoke an authorization in writing at any time, except to the extent that we have already acted in reliance on it.

Substance Use Disorder Records

To the extent New Era Wellness receives or maintains substance use disorder patient records protected by 42 CFR part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent or the disclosure is authorized by a court order and subpoena as required by law.

Additional Florida Protections

Florida law generally treats patient records and information disclosed during care as confidential. We generally will not furnish patient records or discuss a patient's medical condition with persons who are not involved in the patient's care without written authorization, except when disclosure is permitted or required by federal or Florida law. When Florida law gives your information greater protection than federal law, we will follow the more protective law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 the notice currently in effect.
- We will not use or share your information other than as described in this notice unless you authorize us in writing or the law permits or requires it.

Changes to This Notice

We may change the terms of this notice, and the revised terms may apply to all health information we maintain, including information created or received before the change. A revised notice will be available upon request, at any physical clinic location we operate, and on our website.

Questions or Requests

Contact the New Era Wellness Privacy Officer using the telephone number or email address listed on the first page for questions, record requests, amendment requests, confidential-communication requests, restriction requests, disclosure-accounting requests, or privacy complaints.