Revolutionary Recovery LLC
DBA Revolutionary Wellness and Weight Loss
281 Hartford Turnpike, Suite 201a
Vernon, Connecticut, US - 06066

Our Legal Responsibilities

We are required by law to give you this notice. It provides you on how we may use and disclose protected health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We shall maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information. We have the right to change these policies at any time. If we change our privacy policies, we will notify you of these changes immediately. This current policy is in effect unless stated otherwise. If the policy is changed, it will apply to all your current and past health information. You may request a copy of our notice any time. You may contact Revolutionary Recovery LLC at jena@revolutionaryrecoveryllc.com at any time to request a copy of this privacy policy.

How We May Use or Disclose Your Protected Health Information

The following examples describe ways that we may use your protected health information for your treatment, payments, healthcare operations etc. but please be advised that not every use or disclosure in a particular category will be listed. Treatment: We may use and disclose your protected health information to provide you treatment. This includes disclosing your protected health information to other medical providers, trainees, therapists, medical staff, and office staff that are involved in your health care. For example, your medical provider might need to consult with another provider to coordinate your care. Also, the office staff may need to use and disclose your protected health information to other individuals outside of our office such as the pharmacy when a prescription is called in. Payment: Your protected health information may also be used to obtain payment from an insurance company or another third part. This may include providing an insurance company your protected health information for a pre- authorization for a medication we prescribed. Health Care Operations: We may use or disclose your protected health information in order to operate this medical practice. These activities include training students, reviewing cases with employees, utilizing your information to improve the quality of care, and contacting you be telephone, email, or text to remind you of your appointments. If we have to share your protected health information to third party “business associates” such as a billing service, if so, we will have a written contract that contains

terms that will protect the privacy of your protected health information. We may also use and disclose your protected health information for marketing activities. For example, we might send you a thank you card in the mail with a coupon for specialized services or products. We may also send you information about products or services that might be of interest to you. You can contact us at any point to stop receiving this information. We will not use or disclose your protected health information for any purpose other than those identified in this policy without your specific, written Authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. You can revoke this authorization at any time but will not affect the protected health information that was shared while the authorization was in effect.

Appointment reminders: We may contact you as a reminder that you have an appointment for your initial
visit, follow up visit, or lab work via text, phone or email.

Others Involved in Your Health Care: We may disclose protected health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. For example, we may assume that if your spouse or friend is present during your evaluation, that we can disclose protected professional information to this person. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment if there is an urgent or emergent need.

Research: We will not use or disclose your health information for research purposes unless you give us authorization to do so.

Organ Donation: If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation if it is necessary to facilitate this process. Public Health Risks: We may disclose your protected health information, if necessary, in order to prevent or control disease, report adverse events from medications or products, prevent injury, disability or death. This information may be disclosed to healthcare systems, government agencies, or public health authorities. We may have to disclose your protected health information to the Food and Drug Administration to report adverse events, defects, problems, enable recalls etc. if required by FDA regulation.

Health Oversight Activities: We may disclose protected health information to health oversight

agencies for audits, investigations, inspections or licensing purposes. These disclosures might be necessary for state and federal agencies to monitor healthcare systems and compliance with civil law.

Required by Law: We will disclose protected health information about you when required to do so by federal, state and/or local law.

Workman's compensation: We may disclose your protected health information to workman's comp or similar programs. Lawsuits: We may disclose your protected health information in response to a court action, administrative action or a subpoena.

Law Enforcement: We may release protected health information to a law enforcement official in response to a court order, subpoena, warrant, subject to all applicable legal requirements.

Your Rights Regarding Your Protected Health Information

Access to medical records: You have the right to access and receive copies of your protected health information that we use to make decisions about your care. You must submit a written request to obtain your protected health information to the individual listed at the end of this privacy policy. We reserve the right to charge you a fee for the time it takes to obtain and copy the protected health information and provide it to you.

Amendment: If you believe the protected health information, we have about you is incorrect or incomplete, you may ask us to amend the information You will need to submit a written request on why you feel the health information should be amended. We may deny your request to amend if you did not send a written request or give a reason on why it should be amended. If we deny your request, we will provide you a written explanation. We may deny your request if we believe the protected health information is accurate and complete.

Accounting of Disclosures: You have the right to receive a list of instances in which we disclosed your personal health information unless the disclosure was used for treatment, payment, healthcare operations, was pursuant to a valid authorization and as otherwise provided in applicable federal and state laws and regulations. You must submit a written request to obtain this "accounting of disclosures" to the individual listed at the bottom of this policy. After your request has been approved, we will provide you the dates of the disclosure, the name of the individual or entity we disclosed the

information to, a description of the information that was disclosed, the reason why it was disclosed, and any additional pertinent information. This information may not be longer than seven years ago prior to the date the accounting is requested. We reserve the right to charge a reasonable fee for this process.

Restriction Requests: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. We shall accommodate your request except where the disclosure is required by law. We require this be a written request submitted to the individual at the end of this policy.

Confidential Communication: You have the right to request that we communicate with you about healthcare matters in a certain way and at a certain location. We must accommodate your request if it is reasonable and allows us to continue to collect payments and bill you.

Paper copy of this notice: You may request a hard copy of this practice policy if you reviewed and signed it via electronic means. To obtain this copy, contact the individual at the end of this privacy policy.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office. You also file a complaint with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Name of Contact Person:
Jena Mitchell, Owner
jena@revolutionaryrecoveryllc.com

Indemnification Clause

I agree to indemnify, defend, protect, and hold harmless the medical providers employed by Revolutionary Recovery LLC and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (Indemnified Parties) from, against and in respect of all liabilities, losses, claims, damages, judgements, settlement payments, deficiencies, penalties, fines, interest and costs, expenses suffered, sustained, incurred or paid by the indemnified parties, in connection with, results from or arising out of, directly or indirectly, the medical providers employed by Revolutionary Recovery

LLC; rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my medical and physical condition, acts or omissions, the medical providers employed by Revolutionary Recovery LLC; harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by Revolutionary Recovery LLC. I am aware of the potential side effects associated with treatments provided by Revolutionary Recovery LLC, accept all the risks involved chosen treatments, and will not seek indemnification or damages from the indemnified parties.

My Obligations and Representations

Any questions I have regarding this treatment have been answered to my satisfaction. I understand that I will be responsible for administering the medications prescribed to me if I do not have them administered to me in the clinic unless otherwise specified in my prescrition. I also promise to comply with the dosages and frequency of medications prescribed to me. I certify that I am under the regular care of a primary care provider for any other conditions I might have or am found to have. I will consult with my primary care provider or specialist regarding any other condition I might have. I understand that if I do not have a primary care provider, that I will be encouraged to seek one out. I acknowledge I am not establishing primary care with Revolutionary Recovery LLC and I am here for specialized care.

Consent for Telehealth Consultation

1. I understand that I am voluntarily engaging in a telemedicine consultation with Revolutionary Recovery LLC

2. I understand that the video conferencing technology and/or phone consultations will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.

3. I understand that a telehealth consultation has potential benefits including easier access to care, decreasing costs, and allowing visits to be performed from the comfort of my home.

4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the

situation.

5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. I understand that if there is another individual present during the telehealth consultation that I will be informed of their presence and I will also disclose if there is another individual with myself. It is agreed that these individuals will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room: and or (3) terminate the consultation at any time.

6. I understand that the alternative to a telemedicine consultation is to forgo evaluation and treatment with Revolutionary Recovery LLC and to seek out an in-person evaluation. Thus, I am freely choosing to participate in a telemedicine consultation.

7. I understand that telemedicine has limitations in regard to the physical examination. I understand that the physical exam portion of the care provided through Revolutionary Recovery LLC will be limited to inspection via video conferencing and some parts of the exam such as physical tests, examination of certain body parts, and vital signs may be conducted by individuals at my location at the direction of the consulting health care provider or not done at all.

8. Telemedicine services offered through Revolutionary Recovery LLC is not an Emergency Service and in the event of an emergency or urgent medical issue, I will use a phone to call 911, go to the emergency department, or go to an urgent care.

9. To maintain my privacy, I will not share telemedicine login information or video conferencing links with anyone unauthorized to attend the appointment. By signing this form, I certify: • That I have read or had this form explained/read to me and I understand its contents including the risks and benefits of telemedicine. • That I have had the opportunity to ask questions and have had them answered to my
satisfaction.

Consent for the Use of DeepCura AI During Telemedicine Visits

Purpose

Revolutionary Recovery LLC uses DeepCura AI technology to enhance the quality and efficiency of telemedicine weight loss services. This technology assists in documentation, analysis, and communication to ensure accurate and timely care.

DeepCura AI is an advanced artificial intelligence tool designed to assist healthcare providers by:

- Recording and securely transcribing telemedicine sessions.
- Ensuring accurate documentation for follow-up visits.

DeepCura AI does not replace your provider but serves as a supportive tool to enhance your experience.

How We Use DeepCura AI

1. Recording and Transcription: Sessions may be recorded and transcribed for documentation purposes.
2. Secure Storage: All data processed by DeepCura AI complies with HIPAA regulations and is stored securely.

Patient Rights and Responsibilities

- Transparency: You may request to know how DeepCura AI is used in your care.
- Privacy: Your data will only be shared with authorized personnel and used for medical purposes.

Consent

1. You understand how DeepCura AI will be used during your telemedicine visits.
2. You consent to the recording and processing of your data through DeepCura AI

Revolutionary Recovery LLC SMS Text Messaging Terms of Service

These SMS Text Messaging Terms of Service (these "SMS Terms") are incorporated into all agreements between you and "Revolutionary Recovery LLC" ("our organization", "us", "we"), including any agreements that are preexisting and any agreements that might be enacted contemporaneously with these SMS Terms.

"Revolutionary Recovery LLC" might use SMS text messaging, from time to time, for certain types of communication with you, including potentially for administrative issues, such as billing, or for health-related issues, such as care reminders.

You agree to receive (you "opt in" to receiving) SMS text messages from "Revolutionary Recovery LLC" , related to services that we are providing to you. Message and data rates may apply, and message

frequency varies. You may text us STOP at any time to opt out of receiving SMS text messages from us. You may text us HELP at any time to receive help. No mobile opt-in data will be shared with third parties. See privacy policy at https://revolutionarywellnessandweightloss.com/book-now.

SMS text messages from "Revolutionary Recovery LLC" may originate from our organizational phone numbers, including:
(860) 321-4806
There may be terms in other agreements between you and us that also apply to our organization's use of SMS text messaging, such as general terms related to privacy and data handling for our organization that are not specific to SMS text messaging. You agree that you have reviewed all agreements that we have provided you. SMS consent is not shared with third parties or affiliates for marketing purposes.

Patient's Rights

The Patient has the right to considerate and respectful care and treatment, regardless of gender, race, sexual orientation, age, culture, disabilities, or religious beliefs

The Patient has the right to have their care and treatment information kept private and have the opportunity to have their records released only with their written permission, except required by law.

Patients have a right to make informed choices regarding their medications, behavioral health services, and their providers. 4. The Patient has a right to expect reasonable continuity of care.

The Patient has the right to examine and receive an explanation of costs for treatment as applicable.

The Patient has the right to know what relationship Revolutionary Recovery LLC has with other health care providers and facilities in regard to their health care.

The Patient has the right to inquire as to their provider's degree, licensure, and training.

The Patient has the right to inquire as to the role of the providers on the treatment team in the treatment process.

The Patient has the right to an explanation of their condition and the treatment options.

The Patient has the right to expect that Revolutionary Recovery LLC will make reasonable effort in providing the identified services of the treatment plan.

The Patient has the right to be informed if Revolutionary Recovery LLC is engaging in research and has the right to refuse participation in that research.

The Patient has the right to register complaints to their health care professional and/or an administrator.

Patient's Responsibilities

The Patient has the Responsibility to treat those providing care with dignity and respect

The Patient has the Responsibility to ask questions regarding the diagnosis, treatment, medications, or any instructions.

The Patient has the Responsibility to follow instructions concerning medications, follow-up visits, and other essential components of their treatment and to notify their behavioral health care provider if the instructions cannot be followed or problems develop.

The Patient has the Responsibility to assist Revolutionary Recovery LLC in obtaining approvals for payments for treatment, referrals, and authorizations.

The Patient has the Responsibility to provide as much information as is possible to their provider to assist in the assessment and rendering of services.

Clinic Policies

If you have any questions, please feel free to ask us. By signing this document you acknowledge that:

If you are late or miss your appointment, you may be subject to a $50 fee. Services must be paid for prior to or at the start of the time of service.

Revolutionary Recovery LLC is not accepting insurance at this time with the exception of CT Medicaid.

If you want to seek insurance reimbursement, we would be happy to provide you itemized invoices that you can submit to your insurance company.

I (patient) agree that I do not have Medicare – at this time Revolutionary Recovery LLC cannot provide treatment to those with Medicare. If offered service is not covered by Medicare you may discuss with your provider the option of signing an ABN on a case by case basis.

I agree that I will take my medications as prescribed. I agree to follow my medical providers instructions. I also agree that I will not sell or share my prescriptions to other individuals.

I understand that treatments used at Revolutionary Recovery LLC might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life through hormone restoration, nutritional and supplemental counseling, and weight loss treatment.

I agree that if I am having any side effects or become sick, that I will follow up with my primary care provider or go to an urgent care or emergency department.

I acknowledge that Revolutionary Recovery LLC and Jena Mitchell, NP are not my primary care provider. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed at Revolutionary Recovery LLC

I understand that there are no refunds for services or products rendered. We cannot accept back used medications once they have been dispensed per state regulation.

I understand that having an appointment with Revolutionary Recovery LLC does not necessarily entitle me to being issued a prescription for hormone replacement, weight loss medication, peptides or additional medications. Every individual is different, and it is at the medical provider’s discretion to issue a prescription.

I understand that I must maintain my follow up appointments to remain on treatment. It is important that lab work is monitored regularly for safety purposes. It is important that Revolutionary Recovery LLC manages my treatment and it is at their discretion to provide treatment.

I acknowledge that I have been advised of the risks and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits,

complications, and side effects of treatment.

I am voluntarily requesting treatment with Revolutionary Recovery LLC and Jena Mitchell, NP. I do not hold any medical practitioner of Revolutionary Recovery LLC responsible for performing age- related preventive care. I agree that I will follow up with my primary care provider to obtain these screenings and I hold Revolutionary Recovery LLC and Jena Mitchell, NP harmless if an adverse event occurs during my treatment. I will ensure that my primary care provider provides the results of such screenings to Revolutionary Recovery LLC as this could change the treatment prescribed to me.

By signing below I acknowledge that I have read, understand and agree to all of the above statements.