*3. Directional Vitality Acknowledgment of Office Policies

Welcome to Directional Vitality!

I look forward to helping guide your journey toward better health and wellness.

This document contains three sections:

1. Office Policies and Financial Agreement
2. HIPAA Notice of Privacy Practices
3. Informed Consent for Health and Wellness Consulting Services

Please read this document carefully in its entirety, acknowledge each section as indicated, and provide your electronic signature at the end.

1. OFFICE POLICIES & FINANCIAL AGREEMENT

To Schedule a Consultation
E-Mail: terena@directionalvitality.com
Website: DirectionalVitality.com

Payment Policy
Payment is due in full at the time of scheduling. Directional Vitality does not bill or accept health insurance. Accepted payment methods are all major Credit and Debit cards and Cash App.

E-Mail and Text Communications
Email and standard text messaging may not provide the same level of privacy and security as communication through the Charm patient portal. Please do not send sensitive health information, medical records, laboratory results, or other confidential information by standard email or text message. Whenever possible, use the secure Charm patient portal for communications containing personal or health information. Additional information regarding electronic communications is provided in the Email and Cell Phone Authorization form.

Charm
You will receive an email or text message with instructions for setting up your Charm patient portal account. Please use the secure Charm patient portal to complete your intake forms, upload requested documents or laboratory results, and communicate sensitive health information with Directional Vitality.

Cancellation Policy
Payment is collected in full at the time of scheduling and is non-refundable. If you need to reschedule your consultation, please provide at least 48 business hours' notice. With at least 48 business hours' notice, 100% of your payment will be transferred to your rescheduled consultation. If you reschedule with less than 48 business hours' notice or miss your scheduled consultation, 50% of the consultation fee will be retained as a late cancellation/missed appointment fee. The remaining 50% will be applied as a credit toward your rescheduled consultation.

If you cancel your consultation and choose not to reschedule, payments already made are non-refundable.

PATIENT SIGNATURE *

Today's date: *

2. HIPAA NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

We follow HIPAA guidelines for your protection. Read more about your rights below. *

☐ I understand and have read through my rights listed below.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Our Commitment to Your Privacy Directional Vitality LLC has chosen to follow HIPAA-aligned privacy and security practices to protect your health information, whether or not Directional Vitality is legally classified as a HIPAA covered entity under federal law. We are committed to protecting the privacy and security of the personal and health information you provide to us. We will handle your information in accordance with applicable federal and state privacy laws and the privacy practices described in this Notice. Health information may include information you provide through intake forms, consultations, laboratory or imaging reports, health histories, medications and supplements, environmental or occupational exposure information, communications, billing information, and other information related to the health and wellness services you receive from Directional Vitality. YOUR RIGHTS You may request to exercise the following rights regarding

health information maintained by Directional Vitality, subject to applicable law: Access your health information You may request access to or a paper or electronic copy of health information maintained about you. When applicable, we will provide the information or a summary within the time required by law. A reasonable, cost-based fee may apply when permitted by law. Request a correction or amendment You may ask us to correct or amend health information that you believe is inaccurate or incomplete. We may deny certain requests when permitted by law and will explain the reason when required. Request confidential communications You may ask us to communicate with you in a particular way or at an alternative address, telephone number, or other location. We will accommodate reasonable requests when required or reasonably possible. Request restrictions You may ask us to limit certain uses or disclosures of your health information. We may not always be required to agree to the requested restriction. Request an accounting of disclosures You may request information regarding certain disclosures of your health information. The accounting will include disclosures required by applicable law and may exclude disclosures that are not required to be included. Obtain a copy of this Notice You may request a paper or electronic copy of this Notice at any time.

Choose someone to act for you If another person has legal authority to act on your behalf, such as through a valid medical power of attorney, guardianship, or other legally recognized authority, that person may exercise applicable privacy rights on your behalf. We may verify that person's authority before acting on a request. File a privacy complaint You may contact Directional Vitality if you believe your privacy rights have been violated. Directional Vitality will not retaliate against you for making a good-faith privacy complaint or exercising your privacy rights. YOUR CHOICES In certain situations, you may have choices about how your health information is shared. You may tell us your preferences regarding sharing relevant information with family members, friends, caregivers, or other individuals involved in your care or support. When written authorization is required, we will obtain your authorization before using or disclosing your information. You may revoke an authorization in writing, subject to applicable law and actions already taken in reliance on that authorization. We will obtain authorization when required before using or disclosing health information for purposes such as marketing or the sale of health information. HOW WE MAY USE AND SHARE YOUR INFORMATION Directional Vitality may use or disclose health information as

permitted or required by applicable law and as reasonably necessary to provide and operate our health and wellness consulting services. Examples may include: Providing and coordinating services We may use your information to provide health and wellness education and consulting services, review information you choose to provide, coordinate authorized communications, and support your wellness goals. Payment and business operations We may use health and administrative information for payment processing, scheduling, accounting, quality improvement, record management, privacy and security activities, and other legitimate business operations. Communication with other professionals With your authorization, we may communicate with physicians, laboratories, healthcare professionals, or other persons you identify when coordination or exchange of information is appropriate. Public health and safety We may disclose information when permitted or required by law for certain public health, health oversight, safety, abuse or neglect reporting, or similar legally authorized purposes. Legal requirements and proceedings We may disclose information when required or permitted by applicable law, including in response to certain court orders, subpoenas, administrative proceedings, law-enforcement requests, or other legal

☐ I understand and acknowledge.

obligations. Workers' compensation or similar programs When applicable and permitted by law, information may be disclosed as authorized for workers' compensation or similar programs. Preventing a serious threat to health or safety. Information may be disclosed when permitted by law to help prevent or reduce a serious and imminent threat to the health or safety of an individual or the public. For uses or disclosures not otherwise permitted or required by law or described in this Notice, we will obtain written authorization when required. SUBSTANCE USE DISORDER INFORMATION Certain records relating to substance use disorder diagnosis, treatment, or referral for treatment may receive additional confidentiality protections under federal law, including 42 CFR Part 2, when those laws apply to the records or entities involved. When Directional Vitality receives or maintains information that is subject to these additional protections, we will handle that information in accordance with applicable legal requirements. We will not use or disclose specially protected substance use disorder information in civil, criminal, administrative, or legislative proceedings against you except as permitted by applicable law or with appropriate consent or legal authorization. ELECTRONIC INFORMATION AND THE CHARM PATIENT PORTAL Directional Vitality

uses the Charm patient portal and other electronic systems to maintain and communicate information related to your services. Whenever possible, sensitive health information, laboratory reports, imaging reports, medical records, and other confidential documents should be submitted through the secure Charm patient portal rather than standard email or text messaging. You are responsible for protecting your portal username, password, devices, email account, telephone, and other means of accessing your information. OUR RESPONSIBILITIES Directional Vitality is committed to protecting the privacy and security of your health information. We will: • Maintain reasonable administrative, technical, and physical safeguards to protect health information. • Limit access to health information to individuals who reasonably need access to perform authorized functions. • Follow applicable privacy and security laws and the privacy practices described in this Notice. • Notify affected individuals when required by applicable law if a breach occurs that compromises the privacy or security of protected information. • Provide access to this Notice upon request. • Obtain written authorization for uses or disclosures when authorization is required. • Not use or disclose health information for purposes inconsistent with this Notice unless authorized by you or otherwise permitted or

required by applicable law. MORE PROTECTIVE LAWS Some health information may receive greater protection under Texas or other applicable federal or state laws, including certain information relating to mental health, substance use disorder services, communicable diseases, genetic information, or other specially protected information. When a law applicable to Directional Vitality provides greater privacy protection than the standards described in this Notice, Directional Vitality will follow the applicable legal requirement. CHANGES TO THIS NOTICE Directional Vitality may change the terms of this Notice and its privacy practices. Changes may apply to information already maintained by Directional Vitality as well as information received in the future. The current version of this Notice will be available upon request and through any location or website where Directional Vitality makes its privacy practices available. QUESTIONS, PRIVACY REQUESTS, OR COMPLAINTS If you have questions about this Notice, would like to exercise a privacy right, or believe your privacy rights have been violated, please contact: Directional Vitality LLC Privacy Contact: Terena Rustman Email: terena@directionalvitality.com Secure Messaging: Charm patient portal Directional Vitality will not retaliate against you for making a good-faith

privacy complaint or exercising your privacy rights. If federal HIPAA applies to the information or services involved, you may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. EFFECTIVE DATE Effective Date: 9/25/2026 ACKNOWLEDGMENT OF RECEIPT I acknowledge that I have been provided access to Directional Vitality LLC's Health Information Privacy Practices and have had an opportunity to review this Notice. I understand that this acknowledgment confirms receipt or availability of the Notice and does not constitute authorization for uses or disclosures beyond those permitted by applicable law or separately authorized by me.

PATIENT SIGNATURE: *

DATE: *

3. INFORMED CONSENT FOR HEALTH AND WELLNESS CONSULTING SERVICES

Nature and Scope of Services I understand that Directional Vitality LLC provides health and wellness education and consulting services. I understand that although my consultant has education and training in naturopathic medicine, a naturopathic doctor (ND) is not licensed as a physician in the State of Texas. I understand that services provided by Directional Vitality in Texas are limited to health and wellness education and consulting and do not constitute the practice of

medicine or another licensed healthcare profession in Texas. Services may include reviewing my health history, lifestyle, nutrition, environmental and occupational exposures, laboratory information that I choose to provide, and my personal health and wellness goals. My consultant may provide general education and wellness recommendations regarding areas such as nutrition, lifestyle, sleep, stress management, physical activity, environmental exposures, and other health-supportive practices that are within the permitted scope of health and wellness consulting. Limitations of Services I understand that Directional Vitality and its Health and Wellness Consultant do not replace my physician or other licensed healthcare professionals. Directional Vitality does not provide emergency medical care and does not diagnose medical conditions, prescribe or discontinue prescription medications, or provide medical treatment or other services that require a Texas healthcare license. I understand that information and recommendations provided through Directional Vitality are intended for educational and wellness purposes and are not a substitute for medical diagnosis or treatment. I am encouraged to maintain an ongoing relationship with a licensed primary care provider and to consult an appropriately licensed healthcare professional regarding medical

conditions, symptoms requiring evaluation, prescription medications, medical procedures, or other matters requiring licensed medical care. Health Information and Recommendations I understand that I am responsible for providing complete and accurate information regarding my health history, diagnosed medical conditions, medications, supplements, allergies, and other information relevant to the services I receive. I understand that foods, dietary changes, nutritional supplements, botanical products, physical activity, and other wellness practices may have potential benefits as well as risks and may interact with medications, supplements, medical conditions, or other aspects of my health. I agree to discuss recommendations with an appropriately licensed healthcare professional when medical oversight is indicated and to seek appropriate medical attention if I experience a concerning or unexpected reaction. I understand that no specific health outcome, cure, or result can be promised or guaranteed. Voluntary Participation I understand that my participation in Directional Vitality's health and wellness consulting services is voluntary. I may ask questions about the information or recommendations provided to me, choose whether or not to follow a recommendation, and discontinue

☐ I understand and agree

services at any time. I understand that choosing to work with Directional Vitality does not establish a physician-patient relationship and does not replace care from my physician or other licensed healthcare professionals. Emergency and Urgent Medical Care I understand that Directional Vitality is not an emergency or urgent medical service. If I believe I am experiencing a medical emergency, I will call 911 or seek immediate evaluation at an emergency department. I will not use the Charm patient portal, email, text messaging, or a scheduled consultation to request emergency assistance. Consent and Acknowledgment By signing below, I acknowledge that I have read and understand the information above, have had the opportunity to ask questions, and voluntarily consent to receive health and wellness education and consulting services from Directional Vitality LLC. I understand the nature and limitations of these services and understand that they are not a substitute for care provided by an appropriately licensed healthcare professional.

Name of Patient: *

PATIENT SIGNATURE: *

DATE: *