ESTATE GOVERNANCE BRIEFING · INSTITUTIONAL GOVERNANCE & RISK FRAMEWORK

Estate-Level Health Security Governance: A Framework for Single-Family Offices and Trustees

By Derrick L. Miles, FACHE — Founder & Chairman, CourMed®
The Private Health Office

An executive briefing prepared for General Counsel, Trustees, Family-Office Executives, and CPAs. It sets out how estate-level health security infrastructure can be governed as an estate administration discipline: what it is, how it is structured within existing entities, where its boundaries lie, and how a fiduciary body may formally authorize it.

> **NOTICE:** CourMed provides non-clinical health security infrastructure, logistics coordination, and estate health governance. CourMed does not provide legal, tax, or direct medical advice. Families and trustees should review entity expenditures, trust provisions, and tax deductibility with their independent legal counsel and certified public accountants in their respective jurisdictions. No attorney-client, fiduciary, or clinical relationship is created by this document or any engagement described in it.

01 The Fiduciary Premise: The Principal Is the Asset

02 Statutory Considerations for Trustees & Estate Counsel

03 Sample Resolution Language for Trust Advisory Committees (illustrative)

04 Multi-Residence Operational Protocols & Domestic Staff Integration

05 Boundaries: Non-Clinical Infrastructure vs. Independent Clinical Care

Private Client Group · **admin@courmed.com** · **(561) 760-4777** · courmed.com

Prepared November 2026 by CourMed®.

01 · The Fiduciary Premise: The Principal Is the Asset

Traditional estate planning hedges against financial volatility, tax erosion, and legal liabilities. Yet the single greatest operational point of failure for a significant estate is the unmanaged health and cognitive capacity of its key principals. Health is not a conventional financial asset — it cannot be purchased, transferred, or managed like a security. But the capacity of a principal to lead, decide, and steward capital underpins every asset that can be.

Three structural risks recur in estate administration:

01 Key-Person & Cognitive Succession Risk

Trustees are charged with prudent administration of trust property. Unmonitored cognitive decline or sudden incapacity can complicate voting rights, business operating agreements, and asset transfers, and may contribute to contested guardianship or capacity proceedings.

02 Physical Estate & Asset Vulnerability

Trusts and family LLCs routinely hold title to real estate, maritime assets, and private aircraft. Operating these properties without standardized health-security protocols leaves principals, family members, and domestic staff exposed to avoidable operational crises.

03 The "Out-of-Pocket" Misclassification

When health is treated as a personal lifestyle perk, it is evaluated against personal discretionary budgets. In reality, safeguarding the decision-makers who govern multi-generational capital **may be evaluated as** a core operational-continuity and risk-mitigation expense — a characterization for the family's CPAs and tax counsel to confirm.

02 · Statutory Considerations for Trustees & Estate Counsel

This section is written as a **review framework, not a legal opinion**. It identifies the categories of authority a trustee typically evaluates when adopting an estate-administration expenditure of this kind. It intentionally cites no statutes and makes no jurisdiction-specific claims, because the governing authority varies materially by jurisdiction. **Each item below must be confirmed with qualified local counsel before any external use of this memo.**

- **Trustee administrative powers.** Most trust instruments and governing statutes grant trustees implied or express administrative powers to incur reasonable expenses that preserve trust property and support prudent administration. Counsel should confirm that a health-security retainer is permissible under the specific instrument and the governing statute's standard of prudence.
- **Prudent-investor / prudent-person standards.** Expenditures that protect the human capacity on which trust assets depend may be evaluated under the same prudence lens as insurance, property maintenance, or professional fees. Counsel should assess how the jurisdiction's prudence standard treats such continuity expenditures.
- **Asset-protection expenditure authority.** Where operating entities (LLCs, management companies) fund the engagement, counsel should confirm the expenditure falls within the entity's operating purpose and is properly documented as an operating expense.
- **Duty of impartiality & beneficiary notice.** Expenditures benefiting one class of beneficiaries (e.g., the principal-generation) should be evaluated for their effect on remainder beneficiaries, and disclosure obligations under the governing instrument or local law should be reviewed.
- **Corporate practice of medicine (CPOM) boundaries.** Any structure must keep clinical authority with licensed providers. Counsel should verify that the family's structure does not cause any non-clinical entity to be deemed

practicing medicine, employing physicians, or splitting professional fees in the relevant jurisdictions.

- **Privacy & information governance.** Health information handled within the family's framework implicates privacy law — for example, HIPAA in the U.S., the UAE's Federal Data Protection Law, and applicable DHA standards for cross-border estates (named as illustrative examples only, not citations or legal authority). Counsel should confirm information-flow and consent architecture for every jurisdiction in the estate footprint.
- **Tax characterization.** Whether an expenditure is a deductible administrative or operating expense, a personal nondeductible expense, or reportable compensation depends on entity type, instrument language, and jurisdiction. This determination belongs to the family's CPAs and tax counsel — this memo takes no tax position.

03 · Sample Resolution Language for Trust Advisory Committees

The following is **illustrative template language only** — a starting draft for counsel to adapt. It is not legal advice and must not be adopted or executed in any form until adapted and approved by qualified counsel for the specific instrument, jurisdiction, and committee.

SAMPLE · RESOLUTION OF THE TRUST ADVISORY COMMITTEE — ILLUSTRATIVE ONLY

RESOLUTION ESTABLISHING HEALTH SECURITY AS A RISK-MANAGEMENT MANDATE

WHEREAS the Committee recognizes that the operational continuity of the Trust and its related entities depends in material part on the health, capacity, and availability of the individuals who direct and manage trust property;

WHEREAS the Committee has determined that organized health-security infrastructure — comprising continuity planning, residence preparedness, information governance, and coordinated logistics — constitutes, in the Committee's judgment, a prudent administrative measure supporting the preservation and administration of trust property;

RESOLVED that the Committee authorizes the allocation of an Administrative Risk & Continuity Budget for estate-level health-security infrastructure, to be reviewed [annually] by the Committee;

RESOLVED FURTHER that any engagement adopted hereunder shall be non-clinical in character; that all clinical care shall remain solely between the beneficiary and independent licensed clinical providers; and that no arrangement shall grant any non-clinical provider authority over clinical decisions;

RESOLVED FURTHER that the Committee directs the trustee to document the expenditure basis, maintain appropriate records, and obtain counsel confirmation of authority under the governing instrument and applicable law prior to execution.

Counsel should adapt: the committee's actual authority under the instrument; notice and consent requirements for affected beneficiaries; budget-review cadence; and jurisdiction-specific documentation. The final two clauses above are deliberately included to preserve the non-clinical boundary and the prudence record.

04 · Multi-Residence Operational Protocols & Domestic Staff Integration

An estate-wide framework defines, for each residence in the family's footprint, who is responsible for what — before a moment of need.

Family Office Operating Co.

OpCo / Management — allocates the Administrative Risk & Continuity Budget

▼

CourMed Private Health Office®

Non-Clinical Governance & Infrastructure

▼

Revocable / Dynasty Trust	Real Estate / Vessel LLCs	Domestic Staff & Multi-Residence
Supports Capacity Guard	Sanctuary Setup	Protocol Mgmt

Core protocol components (operational, not clinical):

Protocol Component	What It Defines
Residence Preparedness Profile	Per-property summary of established clinical relationships, local emergency resources, and household responsibilities. Prepared with the family's clinical team; contains no clinical instructions.
Escalation Pathway	Named order of contact and decision authority for operational health logistics at each residence — family office, estate management, Health Security Advisor, and the family's clinical providers.
Information Governance	Privacy parameters: who may know what, consent requirements, and record boundaries. Health information remains under the individual's and providers' control.
Staff Role Delineation	Domestic staff responsibilities are logistical and preparatory only. Staff are never assigned clinical tasks; clinical direction comes only from licensed providers.
Geographic Continuity	Operational consistency across residences and jurisdictions, aligned with local legal requirements; cross-border arrangements confirmed with qualified local counsel.
Periodic Review	Annual governance review of the framework, staffing, and footprint changes, reported to the family office or committee.

Integration principle: household personnel support the **environment** — access, logistics, preparedness, communication — while clinical judgment stays exclusively with licensed clinicians. This division protects staff, the family, and the entity.

05 · Boundaries: Non-Clinical Infrastructure vs. Independent Clinical Care

The framework's integrity depends on a clean division of roles:

What CourMed Provides (Administrative Infrastructure)

Enterprise logistics, continuous estate health protocols, non-clinical operational coordination, multi-property dispatch, and privacy architecture. These represent operational estate administration and risk management.

What Remains Independent (Clinical Services)

Licensed physician care, specialized diagnostic procedures, and clinical prescriptions remain strictly between the individual and independent clinical providers, helping keep the estate entity outside the clinical relationship rather than a party to it.

This does not replace clinical judgment, employment obligations, or established physician relationships. CourMed does not provide concierge medicine. The Private Health Office is a governed health security infrastructure that follows the family across every residence, rather than a clinical relationship tethered to a single address. It establishes an infrastructure layer through which health and wellness resources can be incorporated into the private environment across the estate's footprint.

Longevity, in this framework, is the stewardship of the human spirit across generations. Wealth can be transferred; real estate can be inherited; operating companies can be recapitalized or sold. The human capacity to create, steward, and enjoy those assets remains foundational — and health is not a retail wellness perk, but foundational infrastructure in the architecture of generational wealth.

> **NOTICE:** CourMed provides non-clinical health security infrastructure, logistics coordination, and estate health governance. CourMed does not provide legal, tax, or direct medical advice. Families and trustees should review entity expenditures, trust provisions, and tax deductibility with their independent legal counsel and certified public accountants in their respective jurisdictions. No attorney-client, fiduciary, or clinical relationship is created by this document or any engagement described in it.

To discuss an institutional or private-family engagement, contact CourMed's Private Client Group at **admin@courmed.com** or **(561) 760-4777**.

Estate-Level Health Security Governance: A Framework for Single-Family Offices and Trustees — November 2026. CourMed® and The Private Health Office® are marks of CourMed Inc.