**EyeCare Specialties -- NOTICE OF PRIVACY PRACTICES**

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.

We respect our legal obligation to keep health information that identifies you private. We are required by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

HIPAA PRIVACY POLICY

As part of our commitment to protecting your personal health information, we comply with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations require us to ensure the confidentiality, integrity, and availability of protected health information (PHI).

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason that we use or disclose your health information is for treatment, payment or health care operations. We routinely use and disclose your medical information within the office on a daily basis. We do not need specific permission to use or disclose your medical information in the following matters, although you have the right to request that we do not. Examples of how we might use or disclose health information for treatment purposes might include:

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- Setting up or changing appointments including leaving messages containing no information about your personal health information with those at your home or office who may answer the phone or leaving messages on answering machines, voice mails, text or email; calling your name out in a reception room environment;
- Prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax or other electronic means including initial prescriptions and requests from suppliers for refills;
- Notifying you that your ophthalmic goods are ready, including leaving messages containing no personal health information with those at your home or office who may answer the phone, or leaving messages on answering machines, voice mails, text or emails;
- Referring you to another doctor for care not provided by this office;
- Obtaining copies of health information from doctors you have seen before us; discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health;

- Sending you postcards or letters or leaving messages containing no personal health information with those at your home who may answer the phone or on answering machines, voice mails, text or emails reminding you it is time for continued care;
- At your request, we can provide you with a copy of your medical records via secured fax, secured email, secured patient portal, or printed copies delivered in person or through the US mail.

Examples of how we might use or disclose health information for payment purposes might include:

- Asking you about your vision or medical insurance plans or other sources of payment;
- Preparing and sending bills to your insurance provider or to you;
- Providing any information required by third party payors in order to ensure payment for services rendered to you;
- Sending notices of payment due on your account to the person designated as responsible party or head of household on your account with fee explanations that could include procedures performed and for what diagnosis;
- Collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office. At the patient's request we may not disclose to a health plan or health care operation information related to care that you have paid for out of pocket. This only applies to those encounters related to the care you want restricted and only to the extent a disclosure is not otherwise required by law.

Examples of how we might use or disclose health information for business operations might include:

- Financial or billing audits;
- Internal quality assurance programs; participation in managed care plans; defense of legal matters;
- Business planning;
- Certain research functions; informing you of products or services offered by our office;
- Compliance with local, state, or federal government agencies request for information;
- Oversight activities such as licensing of our doctors;
- Medicare or Medicaid audits;
- Providing information regarding your vision status to the Department of Public Safety, a school nurse, or agency qualifying for disability status

## OUR NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of this Notice in the future and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will post the new Notice in our office and on our website.

## USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all.

Such uses or disclosures are:

- When a state or federal law mandates that health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation or surveillance.
- Notices from the federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to authorities about victims of suspected abuse, neglect, or domestic violence.
- Uses and disclosures of health oversight activities, such as licensing of doctors.
- For audits by Medicare or Medicaid.
- For investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.
- Uses and disclosures to prevent serious threat to health or safety; for specialized government functions, such as the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service.
- Disclosures of de-identified information; relating to worker’s compensation programs; to business associates, or other doctors through referral services.
- Unless you object, we will also share relevant information about your care with your family and friends who are helping you with your eye care.

USES OR DISCLOSURES TO PATIENT REPRESENTATIVES

It is our policy for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. Our staff will also assist individuals on a patient's behalf in the delivery of eyeglasses, contact lenses, or other optical goods. During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient's vision or health status may be disclosed without proper patient consent. Our staff and doctors will also infer that if you allow another person in an examination room, treatment room, dispensary, or any business area within the office with you while testing is performed or discussions held about your vision or health care or your account that you consent to the presence of that individual.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed form, or use one of ours. If we initiate the process and ask you to sign an authorization form, you are not obligated to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you have the right to revoke it at any time, unless we have already acted in reliance upon it. Revocations must be submitted in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION UNDER HIPAA

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We must honor the restrictions that you want.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by sending email to a specified email address.
- Ask to see, or receive photocopies of your health information.
- Ask us to amend your health information if you think that it is incorrect or incomplete.
- Get a list of the disclosures that we have made of your health information in the past.
- Get additional paper copies of this Notice of Privacy Practices upon request.

USER PRIVACY POLICY

We are committed to protecting your privacy and ensuring that your personal information is handled responsibly. This policy outlines our practices regarding the collection, use, and disclosure of personal information, particularly concerning our communication services.

Collection of Information:

We collect information necessary to provide our services, including but not limited to:

- Mobile Information: Information such as phone numbers and text message content that is required to deliver our communication services.

Use of Information:

Your personal information is used solely to provide the services you have requested. Specifically:

- Service Provision: We use your mobile information to send and receive text messages as part of our service offerings.
- Support Services: We may share your information with subcontractors who assist us in delivering customer service or technical support.

Sharing of Information:

We do not share your mobile information with third parties or affiliates for marketing or promotional purposes. Any sharing of your information is strictly for service-related purposes:

- Subcontractors: Information may be shared with subcontractors who are bound by confidentiality agreements and only use your information to support the services we provide.
- No Marketing: We do not share text messaging originator opt-in data or consent with third parties for any marketing purposes.

Data Security:

We implement industry-standard security measures to protect your personal information from unauthorized access, disclosure, or misuse.

Your Rights:

You have the right to request access to your personal information, to correct inaccuracies, or to request the deletion of your information. To exercise these rights, please contact our Privacy Officer.

Compliance with Laws:

We comply with all applicable laws and regulations regarding the protection of your personal information, including requirements set by Twilio and other service providers.

USER PRIVACY POLICY (SMS & WEBSITE)

We are committed to protecting your privacy and ensuring that your personal information is handled responsibly.

- Collection of Information: We collect information necessary to provide our services, including mobile information (phone numbers and text message content) required to deliver communication services.
- Use of Information: Your personal information is used solely to provide the services you have requested, such as service provision and support.
- Sharing of Information (Mobile Carrier Compliance):
    - No mobile information will be shared with third parties/affiliates for marketing/promotional purposes.
    - All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties or lead generators.
    - Your consent to receive SMS is not a condition of purchase.
    - Message frequency varies. Message and data rates may apply.
    - Reply STOP to cancel at any time, or HELP for customer support.

BREACH NOTIFICATION POLICY

In the event of a reportable breach of patient information, our practice agrees to abide by the breach notification requirements as established by the HIPAA Breach Notification Rule or specific State requirement. If a breach occurs, our practice will take all necessary steps to remain in compliance with this rule including as applicable notification of individuals, Business Associates, the Secretary of Health and Human Services and prominent media outlets.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to our office at the address posted at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you have any questions or concerns we encourage you to contact the Privacy Officer at the number on this notice.

**EyeCare Specialties**

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