

HIPAA Notice of Privacy Practice

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.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- Get an electronic or paper copy of your medical record. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record if you think that it is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.
- Request confidential communications. You can ask us to contact you in a specific way (for example, cell or office phone) or to send mail to a different address.
- Ask us to limit what we use or share. You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket, you can ask us not to share that information for the purpose of payment for our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we have shared your health information within the past six years, who we have shared it with, and why. We will include all the disclosure **except** for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year without charge, but will charge a reasonable, cost-based fee for more than one request in a 12 month period.
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- File a complaint if you feel your rights are violated. If you feel we have violated your rights, you are free to complain to us or the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

- Treatment - We can use your health information and share it with other professionals who are treating you.

- Run our organization - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues - We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone's health or safety.
- Do research - We can use or share your information for health research.
- Comply with the law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- Respond to organ and tissue donation requests - We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests - We can use or share health information about you:
 - for workers' compensation claims
 - for law enforcement purposes or with a law enforcement official
 - with health oversight agencies for activities authorized by law
 - for special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.
- We will let you know 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 this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Patterson Eye Clinic. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act ("HIPAA"). A copy of any revised Notice of Privacy Practices will be available upon request, in our office, and on our website.

Effective 02/16/2026

This signature is only acknowledgement that you have received this notice of our Privacy Practices. By signing this form, you are acknowledging that you have received a copy of Patterson Eye Clinic's Notice of Privacy Practices.

Suffix

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Patient First Name

-

Patient Last Name

-

Date of Birth

-

Signature (ESign)

Relationship to Patient

-

Date :

Name of Signer

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