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.

Effective Date: May 23, 2026

Florida Vision Centers, Inc. ("Florida Vision Centers," "we," "our," or "us") is committed to protecting the privacy and security of your protected health information. This Notice describes how Florida Vision Centers may use and disclose your medical information, explains your privacy rights, and describes our legal duties with respect to your protected health information. This Notice applies to records we create, receive, maintain, or transmit in connection with your care.

PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment: We may use and disclose your medical information to provide, coordinate, or manage your eye care and other health care services. We may disclose information to physicians, optometrists, physician assistants, nurses, technicians, surgery centers, hospitals, pharmacies, laboratories, imaging providers, emergency service providers, medical equipment providers, and others involved in your treatment. For example, we may share relevant portions of your eye examination, testing, medications, surgical plan, or post-operative instructions with another provider involved in your care.

Payment: We may use and disclose your medical information to bill and obtain payment for services and supplies we provide to you. For example, we may provide information to your health plan, Medicare, Medicaid, supplemental insurer, vision plan, third-party administrator, billing service, or collection service so claims can be submitted, reviewed, paid, appealed, or audited.

Health Care Operations: We may use and disclose your medical information as necessary to operate Florida Vision Centers and improve the quality of care we provide. These activities may include quality assessment and improvement, care coordination, credentialing, peer review, training, compliance, legal and audit services, business management, planning, customer service, patient-safety activities, and other operational functions.

Appointment Reminders, Communications, and Health-Related Services: We may contact you by phone, voicemail, text message, email, patient portal, mail, or other reasonable means for appointment reminders, scheduling, treatment follow-up, test results, billing, care coordination, and information about treatment options or health-related services. We may use unencrypted email or text messaging for limited communications such as appointment reminders, scheduling, billing reminders, and general follow-up unless you ask us not to. We will not knowingly include highly sensitive medical information in standard text or email unless you request or agree to that method after being advised of the risk. By communicating with us by standard email or text, you understand that such communications may be less secure than the patient portal or other secure methods. You may request confidential communications or ask us to contact you by a particular method or at a particular location when reasonable.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member, friend, caregiver, or other person involved in your care or helping to pay for your care, unless you object or a more protective law applies. If you are unable to agree or object, we may use our professional judgment to determine whether the disclosure is in your best interest. We will disclose only information directly relevant to that person's involvement in your care or payment for your care. We may also disclose information to disaster relief organizations when appropriate.

Business Associates: We may disclose protected health information to vendors and service providers who perform services for us, such as billing, electronic health records, information technology, shredding, transcription, accounting, legal, consulting, communications, and similar services. These business associates must agree to safeguard your information as required by law.

Health Information Exchange: If Florida Vision Centers participates in a health information exchange, care coordination network, electronic health record interoperability service, or other secure electronic health information sharing arrangement, we may use or disclose your protected health information through that exchange for treatment, payment, and health care operations, as permitted by law. You may ask us whether we participate in an exchange and whether any available consent, opt-in, opt-out, or revocation rights apply.

Photography/video language: Clinical photographs, diagnostic images, scans, and videos created as part of your eye care are part of your medical record and may be used or disclosed as described in this Notice. We will not use identifiable patient images for marketing, website, social media, or public educational purposes without written authorization when required by law.

Research: We may use or disclose your medical information for research when permitted by law and when appropriate safeguards are in place, such as approval by an institutional review board or privacy board, a waiver of authorization, or your written authorization when required.

Required by Law: We may use or disclose your protected health information when federal, state, or local law requires us to do so.

Public Health and Safety: We may disclose medical information for public health purposes, such as reporting communicable diseases, adverse reactions to medications, product recalls, births, deaths, disease registries, and preventing or reducing a serious threat to health or safety when authorized or required by law.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose protected health information to a governmental authority authorized by law to receive reports of abuse, neglect, exploitation, or domestic violence when permitted or required by law.

Health Oversight Activities: We may disclose medical information to health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensure actions, disciplinary proceedings, credentialing, and other oversight of the health care system or government benefit programs.

Judicial, Administrative, and Law Enforcement Matters: We may disclose medical information in response to a court order, subpoena, discovery request, warrant, summons, administrative request, or other lawful process when permitted by law and after applicable legal requirements are met. These requirements may include notice, patient authorization, a qualified protective order, court order, reproductive health care attestation when required, or other safeguards when required.

Special Government Functions and Workers' Compensation: We may disclose medical information for workers' compensation claims, military and veterans' activities, national security, protective services, correctional institutions, and other government functions authorized by law.

Coroners, Medical Examiners, Funeral Directors, and Donation: We may disclose medical information to coroners, medical examiners, funeral directors, and organizations involved in organ, eye, or tissue donation or transplantation, as permitted by law. If a request for protected health information is potentially related to reproductive health care and an attestation is required by law, we will obtain the required attestation before making the disclosure.

De-identified information: We may use or disclose health information that has been de-identified in accordance with law. De-identified information does not identify you and cannot reasonably be used to identify you.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Authorization Required: Except as otherwise permitted or required by law, we will obtain your written authorization before using or disclosing your medical information for purposes such as most marketing communications, the sale of protected health information, or most disclosures of psychotherapy notes. Florida Vision Centers is an ophthalmology practice and generally does not create psychotherapy notes.

Fundraising: We do not currently use protected health information for fundraising communications. If we ever use limited information for fundraising as permitted by law, you will have the right to opt out of receiving those communications.

Other Uses: If we wish to use or disclose your medical information for a purpose not described in this Notice, we will ask for your written authorization. You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

INFORMATION WITH ADDITIONAL PROTECTION

Some categories of information may receive additional protection under applicable state or federal law. Depending on the services involved and the records we receive, this may include HIV-related information, substance use disorder treatment records subject to 42 CFR Part 2, certain mental health records, genetic information, reproductive health information, and other specially protected information. When federal and Florida privacy laws both apply, we will follow the law that provides the greater privacy protection or patient right, unless federal law preempts state law.

Reproductive Health Care Privacy: We will not use or disclose protected health information for a purpose prohibited by the HIPAA Privacy Rule relating to reproductive health care. When required by law, before disclosing protected health information potentially related to reproductive health care for health oversight activities, judicial or administrative proceedings, law enforcement purposes, or disclosures to coroners or medical examiners, we will obtain a signed attestation that the requested use or disclosure is not for a prohibited purpose. Where applicable, we will apply the

HIPAA presumption that reproductive health care provided by another person was lawful unless we have actual knowledge or receive factual information demonstrating a substantial factual basis that it was not lawful under the circumstances in which it was provided.

Florida Vision Centers is not a substance use disorder treatment program. However, if we receive records protected by 42 CFR Part 2, those records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient unless permitted by Part 2, such as with the patient's written consent or a court order. SUD counseling notes may require separate consent. When Part 2 applies, additional consent, redisclosure, complaint, and breach-notification protections may apply.

MINIMUM NECESSARY STANDARD

When we use, disclose, or request protected health information, we will make reasonable efforts to limit the information to the minimum necessary for the intended purpose, except when the minimum necessary standard does not apply, such as disclosures for treatment, disclosures made to you, disclosures made pursuant to a valid authorization, or disclosures required by law.

YOUR RIGHTS

Right to Inspect and Obtain a Copy: You have the right to inspect and obtain a paper or electronic copy of the medical and billing information we maintain about you that may be used to make decisions about your care, subject to limited exceptions allowed by law. Records may include examination notes, diagnostic testing, imaging, surgical records, medication records, billing information, and other records we maintain that are used to make decisions about your care. We generally will respond within 30 days after receiving your request. If we need one permitted extension, we will tell you in writing and explain the reason. If your information is maintained electronically, you may request an electronic copy. We will provide it in the electronic form and format requested if readily producible, or in another mutually agreed electronic format. You may also request in writing that we send a copy of your protected health information directly to another person or entity you designate, when the request clearly identifies the recipient and where the copy should be sent.

Florida Medical Records Rights: Under Florida law, patients or their legal representatives may request copies of medical records relating to examination or treatment, including diagnostic images and insurance information, subject to limited exceptions. Florida Vision Centers will provide access and copies in a timely manner and within the timeframe required by applicable federal and Florida law after receiving a proper request. We will charge only fees permitted by applicable federal and Florida law. For HIPAA access requests by a patient or personal representative, fees will be limited to amounts permitted under HIPAA and applicable Florida law, and we will not charge search, retrieval, or other fees prohibited by HIPAA for patient access requests. We will not delay a permitted records request solely for legal review.

Right to Request an Amendment: If you believe information we maintain about you is incorrect or incomplete, you may request an amendment in writing. We generally will respond within 60 days. If we need one permitted extension, we will tell you in writing and explain the reason. We may deny your request in certain circumstances, but if we do, we will explain the reason in writing and describe your additional rights.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your medical information made by us. This accounting will not include disclosures for treatment, payment, health care operations, disclosures made to you, disclosures authorized by you, and certain other disclosures excluded by law. The first accounting in a 12-month period is free. We may charge a reasonable, cost-based fee for additional requests if we tell you the cost in advance and you choose to proceed.

Right to Request Restrictions: You have the right to request restrictions on certain uses or disclosures of your information for treatment, payment, or health care operations. We are not required to agree to every request, except where required by law. If we agree to a restriction, we will follow it unless the information is needed for emergency treatment or disclosure is otherwise permitted or required by law.

Special Restriction for Fully Paid Services: If you pay out of pocket in full for a health care item or service, you may request that we not disclose information about that item or service to your health plan for payment or health care operations, and we will honor that request unless disclosure is otherwise required by law.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location, such as only by mail, only through the patient portal, only at a work number, or at a different address. We will accommodate reasonable requests.

Right to Choose Someone to Act for You: If a person has legal authority to act for you, such as a parent of a minor child, legal guardian, health care surrogate, personal representative, executor, administrator, or other representative recognized by law, that person may generally exercise your rights and make choices about your health information, subject to applicable law. For minors, parents, guardians, and other representatives, access and decision-making rights

may vary depending on Florida law, court orders, the type of service, and safety concerns. We may deny or limit a representative's access when permitted or required by law, including when we believe disclosure could endanger you or another person. We may require reasonable documentation of a person's legal authority before treating that person as your personal representative. For deceased patients, a personal representative, executor, administrator, or other person authorized by law may exercise applicable rights regarding the patient's protected health information, subject to legal limits.

Right to Be Notified of a Breach: You have the right to be notified if we determine that a breach of unsecured protected health information has occurred and notification is required by law.

Right to Revoke Authorization: You may revoke a written authorization you previously provided to us by submitting a written revocation, except to the extent we have already acted in reliance on that authorization.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to File a Complaint: You have the right to complain to Florida Vision Centers or to the U.S. Department of Health and Human Services, Office for Civil Rights, if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint. We will not require you to waive your HIPAA rights as a condition of receiving treatment, payment, enrollment, or eligibility for benefits.

OUR DUTIES

Florida Vision Centers is required by law to maintain the privacy and security of your protected health information, provide you with this Notice of Privacy Practices, follow the terms of the Notice currently in effect, and notify affected individuals following a breach of unsecured protected health information when required by law. In addition to HIPAA breach-notification requirements, Florida law may require notice to affected Florida residents and notice to the Florida Department of Legal Affairs when a breach affects 500 or more Florida residents, within the timeframe required by Florida law.

We will make this Notice available to any person who asks for it. The current Notice will be available at our front desk and on our website, and a paper copy will be provided upon request. We will make a good-faith effort to obtain your written acknowledgment of receipt of this Notice when required by law, and we will document our efforts if an acknowledgment cannot be obtained.

WHO IS COVERED BY THIS NOTICE

This Notice applies to Florida Vision Centers, Inc. and its workforce members, physicians, clinicians, staff, trainees, volunteers, and others who are authorized to access or use protected health information in connection with services provided by Florida Vision Centers.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised Notice effective for all protected health information we maintain, including information we created or received before the Notice was changed. A current copy of the Notice will be available at our office and on our website. The Notice will identify its effective date or last revised date.

QUESTIONS, CONCERNS, OR COMPLAINTS

If you have questions, concerns, or complaints about your privacy rights or how Florida Vision Centers uses or discloses your medical information, please contact our Privacy Officer using the contact information below. Complaints to Florida Vision Centers may be submitted to the Privacy Officer in writing, by phone, or in person.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or using the complaint process available through the Office for Civil Rights website. We will not retaliate against you for filing a complaint.

PRIVACY CONTACT INFORMATION

Privacy Officer
Florida Vision Centers, Inc.
22904 Lyden Drive, Ste. 105
Estero, FL 33928
Tel: (239) 353-6118
Fax: (239) 790-1087