



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: March 29, 2026

Florida Vision Centers is committed to protecting the confidentiality of your medical information and is required by law to do so. 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.

PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to other health care professionals and entities involved in your care, such as physicians, physician assistants, nurses, technicians, therapists, emergency service providers, medical equipment providers, pharmacies, laboratories, and others involved in your treatment.

Example: For example, we may allow other physicians or health care professionals treating you to access relevant portions of your medical record. We may also use or disclose your medical information to contact you with appointment reminders, information about treatment options or alternatives, health-related benefits or services, and follow-up communications regarding your care.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member, friend, 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 may also disclose your information to disaster relief organizations when appropriate.

Payment: We may use and disclose your medical information to bill and obtain payment for the medical services and supplies we provide to you. For example, your health plan may ask to review portions of your record before paying a claim.

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. This may include quality assessment and improvement activities, credentialing, peer review, training, business management, planning, legal and audit services, compliance activities, and other operational functions.

Health Information Exchange: If Florida Vision Centers participates in a health information exchange 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. If a patient choice process applies to a particular exchange, we will provide information about any available opt-in or opt-out process.

Research: We may use or disclose your medical information for research when permitted by law and when appropriate safeguards are in place.

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

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

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, or deaths, and preventing or reducing a serious threat to health or safety when authorized 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, 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, or other lawful process when permitted by law.

Special Government Functions: We may disclose medical information for workers' compensation claims, military and veterans' activities, national security, protective services, 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.

USES AND DISCLOSURES THAT REQUIRE YOUR 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.

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, this may include HIV-related information, substance use disorder records subject to 42 CFR Part 2, certain mental health records, genetic information, and other specially protected information. When a more protective law applies, we will follow that 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. You may also request that we provide a summary in some circumstances. We generally will respond within the time required by law and may charge a reasonable, cost-based fee when permitted.

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 may deny your request in certain circumstances, but if we do, we will explain the reason in writing within the time required by law.

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, and certain other disclosures excluded by law.

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.

Special Restriction for Fully Paid Services: If you pay out of pocket in full for an 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 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, or other personal representative recognized by law, that person may generally exercise your rights and make choices about your health information, subject to applicable 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.

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, and follow the terms of the Notice currently in effect.

We are also required to notify affected individuals following a breach of unsecured protected health information when required by law.

WHO IS COVERED BY THIS NOTICE

This Notice applies to Florida Vision Centers and its workforce members, physicians, clinicians, staff, trainees, volunteers, and others who are authorized to access or use your 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. A current copy of the Notice will be available at our office and on our website, if applicable.

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.

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. 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
Email: privacy@floridavisioncenters.com