

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

At Florida Vision Centers, we are committed to protecting the privacy and confidentiality of your medical information. This page explains how we may use and disclose your protected health information, your rights regarding that information, and our legal duties under applicable federal and Florida law.

When This Notice Applies

This Notice of Privacy Practices applies to Florida Vision Centers, including its physicians, clinicians, staff, trainees, volunteers, and others who are authorized to access or use your protected health information in connection with the care and services we provide.

We may share protected health information within Florida Vision Centers as needed for treatment, payment, and health care operations, as permitted by law.

What Is Protected Health Information?

Protected health information is information we create or receive about you that identifies you and relates to your health, health care, or payment for health care services.

This may include, for example:

- your name, address, phone number, email address, and date of birth
- medical history, diagnoses, treatments, medications, and test results
- insurance and billing information
- photographs or clinical images used for your care
- other information collected in connection with providing medical services

Our Duties

Florida Vision Centers is required by law to:

- maintain the privacy of your protected health information
- provide you with this Notice of Privacy Practices
- follow the terms of the notice currently in effect
- notify affected individuals if a breach of unsecured protected health information occurs, when required by law

How We May Use and Disclose Your Information

We may use and disclose your health information without your written authorization for the following purposes, as permitted or required by law:

Treatment

We may use and share your health information to provide, coordinate, or manage your care. This may include sharing information with physicians, nurses, technicians, pharmacies, medical equipment providers, or other health care professionals involved in your treatment.

Payment

We may use and disclose your health information to bill and collect payment for the services you receive. For example, we may share information with your health plan to determine coverage, obtain prior authorization, or process claims.

Health Care Operations

We may use and disclose your information for practice operations, including quality assessment, staff training, credentialing, compliance, auditing, business planning, customer service, and improving patient care.

Appointment Reminders and Care Communications

We may contact you with appointment reminders, follow-up information, care coordination messages, treatment alternatives, and information about health-related services that may be relevant to your care.

Individuals Involved in Your Care

Unless you object, we may share relevant information with a family member, friend, or other person involved in your care or helping pay for your care. We may also share information as needed for disaster relief efforts.

Research

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

As Required by Law

We may disclose your information when required by federal, state, or local law.

Public Health and Safety

We may disclose health information for public health activities, such as reporting certain diseases, adverse drug reactions, product recalls, births, or deaths, and to help prevent a serious threat to health or safety when permitted by law.

Abuse, Neglect, or Domestic Violence

We may disclose information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, when permitted or required by law.

Health Oversight Activities

We may disclose information to agencies that oversee the health care system, government benefit programs, regulatory compliance, licensure, or civil rights enforcement.

Judicial and Administrative Proceedings

We may disclose health information in response to a court order, subpoena, discovery request, or other lawful process, as permitted by law.

Law Enforcement

We may disclose health information to law enforcement officials in certain limited circumstances, including responses to lawful process, locating missing persons, or reporting certain crimes.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation

We may disclose health information to coroners, medical examiners, funeral directors, and organizations involved in organ, eye, or tissue donation or transplantation, as permitted by law.

Military, National Security, and Protective Services

If applicable, we may disclose information for military command, national security, intelligence, or protective services purposes as authorized by law.

Workers' Compensation

We may disclose health information as necessary to comply with workers' compensation or similar laws.

Business Associates

We may share information with trusted third parties that perform services on our behalf, such as billing, technology, legal, or administrative support. These business associates are required by law and contract to protect your information.

Uses and Disclosures That Require Your Authorization

We will obtain your written authorization before using or disclosing your information in circumstances where authorization is required by law, including most uses or disclosures involving:

- marketing
- the sale of protected health information
- psychotherapy notes
- other uses or disclosures not otherwise described in this Notice

You may revoke your authorization at any time in writing, except to the extent we have already relied on it.

Information That May Have Additional Protection

Certain categories of information may receive extra protection under federal or Florida law, depending on the circumstances. These may include information related to:

- HIV or other communicable disease testing
- substance use treatment records
- mental health treatment records
- genetic information
- other specially protected health information

When these added protections apply, Florida Vision Centers will handle the information in accordance with applicable law.

Your Rights

You have the following rights regarding your protected health information:

Right to Inspect and Get a Copy

You may request to inspect and obtain a copy of certain medical and billing records that we maintain about you and that are used to make decisions about your care. This may include paper or electronic copies, as permitted by law. Reasonable, cost-based fees may apply.

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 we will explain the reason in writing.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by us, as provided by law.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your information for treatment, payment, or health care operations. We are not required to agree to all requested restrictions, except where the law requires us to do so.

If you pay out of pocket in full for a specific 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 may request that we communicate with you in a specific way or at a specific location. For example, you may ask that we contact you only by mail or only at a certain phone number. We will accommodate reasonable requests.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information to the extent permitted by law.

Right to Revoke Authorization

If you previously gave us written permission to use or disclose your information, you may revoke that authorization in writing at any time, except where we have already acted in reliance on it.

Right to a Paper Copy of This Notice

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

You can download our Notice of Privacy Practices here [attached the pdf]

Electronic Information Sharing

If Florida Vision Centers participates in a health information exchange or other secure electronic information-sharing network, we may share your protected health information through that system for treatment, payment, and health care operations, as permitted by law.

If participation includes patient choice rights, information about any available opt-in or opt-out process will be provided to you if applicable.

Changes to This Notice

We reserve the right to change this Notice of Privacy Practices and to make the revised notice effective for all protected health information we maintain. The current version of this notice will be available at our office and on our website.

Complaints or Questions

If you have questions about this notice, concerns about your privacy rights, or believe your privacy rights may have been violated, you may contact us using the information below.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Privacy Contact Information

Privacy Officer
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