NEW VISION OPTOMETRY

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2026

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.

New Vision Optometry is committed to protecting the privacy and security of your health information. This Notice describes how we may use and disclose your protected health information, your rights regarding that information, and our responsibilities under applicable law.

YOUR RIGHTS

You have certain rights regarding your health information.

Get a copy of your medical record

You may request an electronic or paper copy of your medical record and other health information we maintain about you. We will provide the information within the time required by law and may charge a reasonable, cost-based fee when permitted.

Ask us to correct your medical record

If you believe information in your medical record is incorrect or incomplete, you may ask us to correct it. We may deny your request in certain circumstances, but we will explain the reason in writing.

Request confidential communications

You may ask us to contact you in a specific way, such as calling your cell phone instead of your home phone, or to send correspondence to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are generally not required to agree to these requests.

If you pay for a service or health care item entirely out of pocket, you may ask us not to disclose information about that service to your health insurer for purposes of payment or health care operations when applicable law requires us to honor that request.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information made during the six years prior to your request. Certain disclosures, including many disclosures for treatment, payment, and health care operations, are not included.

Get a copy of this Notice

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Copies are available at our front desk.

Choose someone to act for you

If you have given someone medical power of attorney or someone is your legal guardian or authorized personal representative, that person may exercise your rights and make choices about your health information as permitted by law.

File a complaint

If you believe your privacy rights have been violated, you may file a complaint with New Vision Optometry by contacting our office.

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.

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share.

In certain circumstances, you may tell us whether you want us to:

• Share information with family members, close friends, or others involved in your care or payment for your care.

• Share information in a disaster-relief situation.

If you are unable to tell us your preference, such as during an emergency, we may share information when we believe it is in your best interest and when permitted by law.

We will obtain your written authorization when required by law for uses and disclosures not otherwise permitted by HIPAA. You may revoke an authorization in writing as permitted by law.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

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

Treatment

We may use and share your health information with other health care professionals involved in your care.

For example, we may provide information from your eye examination to an ophthalmologist or other health care provider to whom we refer you.

Payment

We may use and disclose your health information to bill and obtain payment from health plans, vision plans, or other entities responsible for paying for your care.

For example, we may submit information about your examination or treatment to your insurance company to obtain payment.

Health Care Operations

We may use and disclose your health information to operate our practice, improve the quality of care, train staff, conduct compliance activities, and manage our business.

For example, we may review patient records as part of our quality assurance activities.

OTHER USES AND DISCLOSURES

We may also use or disclose your health information when permitted or required by law for purposes including:

- Public health and safety activities
- Reporting suspected abuse, neglect, or domestic violence when required or permitted by law
- Health oversight activities
- Responding to lawsuits and legal proceedings
- Complying with applicable laws
- Responding to certain law enforcement requests
- Workers' compensation claims
- Organ and tissue donation
- Medical examiner, coroner, and funeral director activities

• Certain government functions, including military and national security activities
• Preventing or reducing a serious threat to health or safety

Other uses and disclosures of your health information that are not described in this Notice will be made only with your written authorization when authorization is required by law.

OUR RESPONSIBILITIES

New Vision Optometry is required by law to maintain the privacy and security of your protected health information.

We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your protected health information.

We must follow the duties and privacy practices described in the Notice currently in effect.

We will not use or disclose your health information other than as described in this Notice unless you authorize us to do so in writing or another use or disclosure is permitted or required by law.

If you provide written authorization, you may revoke that authorization in writing as permitted by law.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make the revised Notice applicable to health information we already maintain as well as information we receive in the future.

If we make material changes, the updated Notice will be available at our office and posted on our website.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, would like a paper copy, wish to exercise your privacy rights, or would like to file a privacy complaint, please contact:

New Vision Optometry
Privacy Officer
Burbank, California
Phone: 818 845 3783
Email: newoptometry@gmail.com

You may also submit a complaint to:

U.S. Department of Health and Human Services
Office for Civil Rights

Complaints may be submitted through the Office for Civil Rights complaint process.

New Vision Optometry will not retaliate against you for exercising your privacy rights or filing a complaint.