



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.

If you have any questions about this Notice, please contact our Privacy Officer at 972-392-2020.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, and health care operations as permitted by law. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, calling our office to request that a revised copy be mailed to you, or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Treatment: We will use and disclose your protected health information to provide, coordinate, and manage your health care services. This includes the coordination or management of your health care with another provider. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used and disclosed, as needed, for payment purposes. We may forward information regarding medical procedures and treatment to your insurance company to obtain payment for services provided to you.

Health Care Operations: We may use or disclose your protected health information, as needed, to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment and improvement activities, employee review, business management, and licensing.



Others Involved in Your Health Care: If needed, we may disclose your protected health information to a designated family member, friend, or other person who is involved in your health care or payment for your health care to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable or incapacitated, we may determine that a limited disclosure to such person is in your best interest based on our professional judgment. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or other individuals involved in your health care.

Business Associates: We may share your protected health information, as needed, with third-party persons or organizations that perform certain services for our practice (for example, billing or transcription services). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you with the opportunity to agree or object:

Required by Law: We may use or disclose your protected health information to the extent that such use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes, such as reporting immunizations, communicable diseases, injury, birth or death, or other matters related to public health.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information, consistent with applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities, including reporting adverse



events, product defects or problems, biologic product deviations, tracking products, enabling product recalls, making repairs or replacements, or conducting post-marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose protected health information provided that applicable legal requirements are met, for law enforcement purposes. These purposes include: (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) matters pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) a crime that occurs on the premises of our practice; and (6) medical emergencies (not on our practice's premises) when it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may also be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or to assist law enforcement authorities in identifying or apprehending an individual.

Military Activity and National Security: When appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including providing protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.



Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

2. DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. These disclosures include psychotherapy notes, genetic information, marketing, and the sale of protected health information. We must obtain your specific written authorization before making such disclosures. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

3. YOUR RIGHTS

Access to Your Protected Health Information: You may inspect and obtain a copy of protected health information about you for as long as we maintain the protected health information. You may obtain your medical records, including medical and billing records and any other records used by your physician and the practice to make decisions about you. As permitted by federal or state law, we may charge a reasonable fee for copies of your records.

Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and laboratory results subject to laws that prohibit access. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.

Restrictions on Use and Disclosure: You may request restrictions on certain uses and disclosures of your protected health information for treatment, payment, or health care operations. Your physician is not required to agree to a requested restriction but will attempt to accommodate reasonable requests when appropriate. Your written request must state the specific restriction requested and to whom the restriction applies.

Right to Notice of Breach: We are required by law to protect the privacy and security of your protected health information. We will notify you in the event of a breach involving or potentially involving your protected health information.

Amendments to Your Protected Health Information: You may request an amendment of your protected health information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request. If we deny your request, you have the



right to file a statement of disagreement, and we may prepare a rebuttal to your statement. You will be provided with a copy of any such rebuttal.

Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your protected health information made by us after April 14, 2003. This right is subject to certain exceptions, restrictions, and limitations. Requests must be made in writing and signed by you or your legal representative.

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

4. COMPLAINTS

You may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by contacting our Privacy Officer. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at 972-392-2020 or email frontdeskdallas@eyesurgeonsdallas.com. Please include "Privacy Officer" in the subject line for further information about the complaint process.

This Notice was published and became effective on 12/01/2025.