NOTICE OF PRIVACY PRACTICES

Effective Date: October 31, 2025

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Your Privacy Is Important to Us

This Notice explains how we may use and share your health information, how we protect it, and what rights you have regarding it. We are required by law to keep your health information private and to provide you with this Notice describing our privacy practices.

How We May Use and Disclose Your Health Information

1. For Treatment

We use and share information to provide you with care. Examples include scheduling appointments, performing eye exams, prescribing glasses or contact lenses, sending prescriptions to a pharmacy, or consulting with another doctor about your vision or eye health.
We may also share your health information with another healthcare provider who is involved in your care or who will be taking over your treatment. This includes transferring records to another doctor or clinic for continued care, even if you are no longer a patient here.

2. For Payment

We may use and share information to obtain payment from you, your insurance company, or another responsible party. This includes billing, verifying coverage, and collecting unpaid balances.

3. For Health Care Operations

We may use your information to run our practice efficiently—for example, for staff training, quality improvement, auditing, and legal or accounting services.

Other Uses and Disclosures Permitted or Required by Law

We may also use or share your information without your written permission in limited circumstances, including:

- Reporting to public health authorities (for disease prevention or recalls)
- Disclosures to government agencies about abuse, neglect, or domestic violence
- Health oversight (licensing, audits, or investigations)
- Court orders, subpoenas, or law-enforcement requests
- Organ and tissue donation, coroners, or medical examiners
- Workers' compensation programs
- Preventing or reducing a serious threat to anyone's health or safety
- Specialized government or military functions
- Incidental disclosures that occur as a by-product of permitted uses

Unless you object in writing, we may also share limited information with family or friends who assist you with your eye care or payment.

Appointment Reminders and Office Communications

We use **text messages** as our primary way to confirm or remind you about appointments, order pickups, and routine check-ins. We may also occasionally send appointment or follow-up reminders by **email or phone call**.
You may opt out of text or email communications at any time by contacting our office.

Other Uses Requiring Your Written Permission

We will obtain your written authorization for:

- Any uses or disclosures not listed above
- The sale of your health information
- Most sharing of your information for marketing purposes
- Fundraising communications (if any), with an opportunity to opt out

If you sign an authorization, you may revoke it at any time by submitting a written request to our office.

Your Rights Regarding Your Health Information

You have the right to:

1. **Access and Obtain Copies**
   Request to see or get copies of your health information, including in electronic form if available. We will respond within 30 days.
2. **Request Restrictions**
   Ask us to restrict how we use or share your information. We are not required to agree, but if we do, we will honor it.
   You may also request that we not share information with your health plan if you paid for a service in full out-of-pocket.
3. **Request Confidential Communications**
   Ask us to contact you in a specific way (for example, by text only or at work). We will accommodate reasonable requests.
4. **Request an Amendment**
   If you believe your information is incorrect or incomplete, you may request a correction. If we deny it, we will explain why in writing.
5. **Request a List of Disclosures**
   Ask for a list of disclosures made in the past six years (excluding those made for treatment, payment, or operations).
6. **Receive a Paper or Electronic Copy of This Notice**
   You may request additional copies at any time, even if you already received one electronically.
7. **Receive Breach Notifications**
   We will notify you in writing if a breach occurs that may have compromised the privacy or security of your information.

How We Protect Your Information

We maintain physical, administrative, and electronic safeguards to protect your data. This includes encryption, password protection, and limited staff access.

Our Duty to Notify You of Changes
We may change this Notice at any time as permitted by law. Any updates will apply to all information we maintain.
Copies of the updated Notice will be available **at our office for review upon request** and **on our website** at

How to File a Complaint
If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights.
We will not retaliate against you for filing a complaint.
To contact our office:
Andrew Slater, Privacy Officer
1875 S. Bascom Ave, Suite 110
Campbell, CA 95008
Phone: 408-377-1212 Email: comments@slater2020.com
To contact HHS:
Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Avenue SW, Washington, DC 20201
Phone: 1-877-696-6775 Website: www.hhs.gov/ocr/privacy

Questions?
For more information about your privacy rights or our office's privacy practices, please contact Andrew Slater at **comments@slater2020.com** or 408-377-1212.