



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.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information (“health information”), to give you this notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.

HOW WE USE AND SHARE YOUR HEALTH INFORMATION

- **Treatment.** We use and share your information with other professionals who are treating you, for example your primary care physician, optometrist, another specialist, a surgery center, or a pharmacy.
- **Payment.** We use and share your information to bill and get payment from Medicare, health plans, and others who are responsible for paying for your care.
- **Health care operations.** We use and share your information to run our practice, improve your care, train staff, and contact you when necessary. We share information with “business associates” (for example, our billing service or electronic health record vendor) who must protect it under written contracts.
- **Appointment reminders and health-related services.** We may contact you by phone, text message, email, or mail to remind you of appointments and to tell you about treatment options or health-related services we offer, using the contact preferences you give us.
- **People involved in your care.** Unless you object, we may share information with family members, friends, or others you identify who are involved in your care or in paying for it, and we may let someone pick up glasses, prescriptions, or records for you. If you are not able to tell us your preference (for example, in an emergency), we may share information if we believe it is in your best interest.

OTHER WAYS WE MAY USE OR SHARE YOUR INFORMATION

We are allowed or required to share your information in these situations, as permitted by law:

- **Required by law:** when federal, state, or local law requires it.
- **Public health and safety:** reporting disease, adverse reactions to medicines, or product problems; preventing or reducing a serious threat to anyone’s health or safety.
- **Abuse, neglect, or domestic violence:** reporting suspected abuse or neglect to the appropriate authorities.
- **Health oversight:** audits, investigations, inspections, and licensing activities, for example by the Medical Board of California.
- **Lawsuits and legal actions:** in response to a court or administrative order, or to a subpoena as permitted by law.
- **Law enforcement:** for limited law enforcement purposes permitted by law.
- **Organ, eye, and tissue donation:** with organ procurement organizations and eye or tissue banks.
- **Coroners, medical examiners, and funeral directors:** as needed for them to carry out their duties.
- **Research:** when an approved research process protects your privacy.
- **Workers’ compensation:** for workers’ compensation claims, as allowed by law.
- **Special government functions:** military, national security, protective services, and correctional institutions, as allowed by law.

USES THAT REQUIRE YOUR WRITTEN PERMISSION

We will not use or share your information for marketing, and we will not sell your information, unless you give us written permission. Most uses of psychotherapy notes also require your written permission. We do not use your health information for fundraising.

ADDITIONAL PROTECTIONS UNDER CALIFORNIA LAW

California law may give you more privacy protection than federal law. When it does, we follow the stricter law. For example, California law gives special protection to information about HIV test results, mental health, substance use disorder treatment, genetic testing, and sensitive services such as reproductive and sexual health care, abortion, contraception, and gender-affirming care. California law restricts us from releasing information about abortion or gender-affirming care in response to an out-of-state subpoena or request based on another state’s law that interferes with rights protected in California.

SUBSTANCE USE DISORDER TREATMENT RECORDS (42 CFR PART 2)

If we receive records about you from a federally assisted substance use disorder treatment program, those records have additional federal protection. We will not use or share them in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give written consent or a court orders it after you have been given notice and a chance to be heard, as required by federal law. We may use and share those records for treatment, payment, and health care operations only as permitted by your consent and federal law.

YOUR RIGHTS

- **Get a copy of your medical record.** You may ask to see or get a paper or electronic copy of your medical record. We will let you inspect your record within 5 working days and will provide copies within 15 days of your request, as California law requires. We may charge a reasonable, cost-based fee: for paper copies, no more than \$0.25 per page plus actual postage; for electronic copies, no more than our actual cost of labor and supplies. We will tell you the fee in advance. We do not charge for searching for or retrieving your records. If you need

your records to support a claim or appeal for public benefits (such as Social Security disability or Medi-Cal), we will give you one copy of the relevant records free of charge. You may also ask for a summary or explanation of your record; we will tell you any fee in advance.

- **Ask us to correct your record.** You may ask us in writing to correct information you think is incorrect or incomplete. We may say no, but we will tell you why in writing within 60 days. Under California law, you may also add a written statement of up to 250 words about any item you believe is incorrect or incomplete.
- **Request confidential communications.** You may ask us to contact you in a specific way (for example, by cell phone only) or at a different address. We will agree to all reasonable requests.
- **Ask us to limit what we use or share.** You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, except that if you pay for a service in full out of pocket and ask us not to share information about it with your health plan, we will agree unless the law requires us to share it.
- **Get a list of those with whom we've shared information.** You may ask for a list (accounting) of the times we shared your information during the six years before your request, who we shared it with, and why. It will not include disclosures for treatment, payment, or operations, or certain other disclosures. We provide one list per 12 months free of charge; we may charge a reasonable, cost-based fee for additional lists within 12 months.
- **Get a copy of this notice.** You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If you have given someone medical power of attorney, or someone is your legal guardian or conservator, that person can exercise your rights and make choices about your health information.
- **File a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer (below) or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website if we have one.

PRIVACY OFFICER — CONTACT US

Privacy Officer: Vahid Feiz, MD · Eye Care of East Bay · 100 N. Wiget Lane, Suite 270, Walnut Creek, CA 94598 · (925) 705-7299

Effective date of this notice: November 1, 2026. This notice replaces our previous notice dated September 23, 2013.