Powers Eye Center PLLC

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NOTICE OF PRIVACY PRACTICES

Effective August 7, 2026

This Notice describes how health information about you may be used and disclosed and how you may obtain access to that information. Please review it carefully. Protecting the privacy of your health information is important to us.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information and to provide this Notice describing our privacy practices, legal duties, and your rights. We must follow the practices described while this Notice is in effect.

This Notice takes effect August 7, 2026 and remains in effect until replaced. We may change our privacy practices and this Notice when permitted by law, including for health information maintained before the change. We will make a revised Notice available upon request. Contact us for information or additional copies.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information for treatment, payment, and health care operations.

Treatment

We may use your health information within our office to provide care and may share it with referring physicians, pharmacies, or other health care personnel involved in your treatment.

Payment

We may use health information to obtain payment for services, including insurance forms, statements, and bills. We may also use biometric identifiers, including fingerprints and voice prints, and security cameras in office operations.

Health Care Operations

Health information may be used for staff performance evaluations, training of technicians, interns, associates, and business or clinical employees, insurance or government audits, quality assurance and compliance reviews, and certification, licensing, or credentialing.

Appointment Reminders

Our office or a contracted third party may remind you of appointments or that it is time to contact us. We may also follow up regarding care, treatment options, or services. Communications may include postcards, letters, telephone calls, email, or fax unless you tell us in writing that you do not want such reminders.

Marketing Health-Related Services

We will not use your health information for marketing communications without your written authorization, except as otherwise permitted by this Notice or applicable law.

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Additional Uses and Disclosures

Your Authorization

You may provide written authorization for us to use or disclose your health information to anyone for any purpose. You may revoke an authorization in writing at any time. Revocation does not affect uses or disclosures made while the authorization was in effect.

Family, Friends, and Caregivers

We may share health information with people you identify as helping with home hygiene, treatment, medications, or payment. When you are present, we will provide an opportunity to object. In an emergency, when you cannot tell us what you want, we may use our best judgment and share information when important to those involved in your care. We may also use professional judgment to allow someone to pick up prescriptions, contact lenses, medical supplies, or similar items.

Required by Law

As permitted or required by state or federal law, we may disclose health information to law enforcement for certain purposes, including limited circumstances involving victims of crime or reporting a crime.

Abuse or Neglect

We may disclose health information to appropriate authorities when we reasonably believe you may be a victim of abuse, neglect, domestic violence, or another crime, or when disclosure is necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security

We may disclose health information to federal officials or military authorities when necessary for investigations related to public health or national security. We may also disclose information to correctional institutions or law enforcement officials having lawful custody of protected health information under certain circumstances. If we believe it is necessary to share protected health information in a situation not described above, we will first seek special written permission when required by state or federal law.

PATIENT RIGHTS

Access

You may inspect or obtain copies of your health information, with limited exceptions, and may request an alternative format when reasonably practicable. Requests must be in writing. We may charge reasonable cost-based fees, including $1.00 per page, $15.00 per 1/2 hour for staff time, and postage when applicable. Alternative formats and summaries may be subject to a cost-based fee.

Disclosure Accounting

You may request an accounting of certain disclosures made by us or our business associates for purposes other than treatment, payment, health care operations, and certain other activities, for the preceding six years, subject to applicable law. Additional requests within a 12-month period may be subject to a reasonable cost-based fee.

Restriction

You may request additional restrictions on use or disclosure of your health information. We are not required to agree, but if we do, we will abide by the agreement except in an emergency or as otherwise required by law.

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Patient Rights & Complaints

Alternative Communication

You may request communication about your health information by alternative means or at alternative locations. Requests must be in writing and specify the requested means or location and satisfactory information about payment arrangements.

Amendments

You may request that your records be updated or modified if you believe health information is incorrect or incomplete. Requests must be in writing and explain the reason. A request may be denied if the information was not created by our office, is not part of our records, or is determined to be accurate and complete.

QUESTIONS AND COMPLAINTS

For questions or concerns about our privacy practices, contact us using the information below. If you believe your privacy rights have been violated, or you disagree with a decision concerning access, amendment, restriction, or alternative communication, you may submit a written complaint to our office. You may also submit a written complaint to the U.S. Department of Health and Human Services as permitted by law.

We support your right to the privacy of your health information. Please let us know of any concerns or complaints in writing