

Notice of Privacy Practices

Effective Date: August 15, 2025

Richman Eye Care, LLC

1700 Dallas Parkway, Plano, Texas 75093

214-434-1742

www.richmaneyecare.com

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.

We understand that your health information is personal, and we are committed to protecting it. This notice applies to all of the health records and information we maintain about your care at Richman Eye Care. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices.

OUR LEGAL DUTIES

We are required by federal and Texas law to protect the privacy of your health information.

We must give you this notice describing our legal duties and privacy practices concerning your health information.

We must follow the practices described in this notice.

We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes without your written authorization:

Treatment

We may use and share your health information to provide, coordinate, or manage your health care and related services. For example, we may share your information with other health care providers involved in your care.

Payment

We may use and share your health information to obtain payment for services provided. For example, we may submit information to your insurance company so it will pay for your care.

Health Care Operations

We may use and disclose your health information for our health care operations. These uses and disclosures are necessary to run our practice and ensure you receive quality care. For example, we may use your health information to evaluate the performance of our staff.

OTHER USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may also use and disclose your health information without your authorization in the following circumstances, as permitted or required by law:

To comply with state and federal laws

Public health activities, such as reporting diseases or adverse events

Health oversight activities, such as audits or inspections

Law enforcement purposes, such as responding to a subpoena or reporting a crime

Judicial and administrative proceedings

Workers' compensation claims

Coroners, medical examiners, and funeral directors

To prevent or lessen a serious threat to health or safety

Military and veterans, if you are a member of the armed forces

National security and intelligence activities

Disaster relief efforts (e.g., to notify family)

As otherwise required by federal or Texas law

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not use or disclose your health information for the following purposes without your written authorization:

Marketing

Sale of your health information

Any other purposes not described in this notice

If you give us authorization, you may revoke it at any time in writing. We will stop using or disclosing your health information for those purposes after we receive your revocation. However, we cannot take back any disclosures we already made while the authorization was in effect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

Right to Access

You may request to view or get a copy of your health records. We may charge a reasonable fee as permitted by law.

Right to Amend

If you believe your information is incorrect or incomplete, you may request an amendment in writing. We may deny your request in certain circumstances.

Right to an Accounting of Disclosures

You may request a list of certain disclosures we have made of your health information in the past six years, excluding those made for treatment, payment, or healthcare operations.

Right to Request Restrictions

You may request restrictions on how we use or disclose your information for treatment, payment, or health care operations. While we are not required to agree, we will comply with a request to restrict disclosure to a health plan if the information relates to an item or service you (or someone on your behalf) paid for in full out of pocket.

Right to Request Confidential Communications

You may request that we contact you in a certain way or at a specific location.

Right to Receive a Copy of This Notice

You may request a paper or electronic copy of this notice at any time.

TEXAS-SPECIFIC PRIVACY RIGHTS

Under Texas law:

We must obtain your written authorization to electronically disclose your health information, except for treatment, payment, or health care operations.

You have additional rights regarding the access and use of electronic health records.

Texas law provides extra protections for certain types of sensitive information, such as HIV/AIDS status, mental health records, and substance abuse information.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice at any time. Changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website (if applicable).

QUESTIONS OR COMPLAINTS

If you have questions about this notice or believe your privacy rights have been violated, you may contact us or file a complaint with the U.S. Department of Health and Human Services.

To file a complaint with us, contact:

Privacy Officer

Mr. Joseph Richman

1700 Dallas Parkway, Plano Texas, 75093

214-434-1742

You will not be penalized for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices

By signing our acknowledgment form, you are confirming that you have received this notice.