

# Notice of Privacy Practices

**Effective Date:** February 16, 2026

## Overview

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your health information and how you can access that information. Please read it carefully.

For purposes of this Notice, *health information* means any information that identifies you and is created, received, maintained, or transmitted by us while providing healthcare services.

## Our Legal Duties

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable federal and state laws to:

- Maintain the privacy of your health information
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice
- Notify affected individuals if a breach of unsecured health information occurs

## How We Use and Disclose Health Information Without Your Authorization

The most common reasons we use or disclose your health information are for treatment, payment, and healthcare operations, as permitted by law.

### Treatment

We may use or share your health information to provide, coordinate, or manage your care. Examples include:

- Scheduling appointments
- Examining or testing your eyes
- Prescribing glasses, contact lenses, or medications
- Referring you to another healthcare provider
- Obtaining records from other healthcare professionals

### Payment

We may use or share your health information to bill for services and receive payment. Examples include:

- Verifying insurance coverage
- Preparing and submitting claims
- Collecting unpaid balances

## **Healthcare Operations**

We may use or disclose your health information to support the operation of our practice, including:

- Quality assurance and audits
- Business planning and management
- Personnel management
- Legal and regulatory compliance
- Record storage and administrative services

## **Other Uses and Disclosures Permitted or Required by Law**

In certain situations, we may use or disclose your health information without your authorization, as permitted or required by applicable law, including:

- When required by federal or state law
- Public health activities and disease control
- Reporting suspected abuse, neglect, or domestic violence
- Health oversight activities (e.g., audits, licensing, investigations)
- Judicial or administrative proceedings
- Law enforcement purposes
- Medical examiners, funeral directors, and organ donation
- Approved research activities
- Preventing or reducing a serious threat to health or safety
- Specialized government functions
- Workers' compensation programs
- Use of de-identified information or limited data sets
- Incidental disclosures
- Disclosures to business associates who support our operations

Unless you object, we may share relevant information with family members or personal representatives involved in your care or payment.

After your death, we may share relevant information with individuals involved in your care unless doing so would conflict with your expressed wishes.

## **Substance Use Disorder Records (42 CFR Part 2)**

Some health information related to Substance Use Disorder (SUD) treatment is protected by additional federal privacy laws, including 42 CFR Part 2, in addition to HIPAA and applicable state law. These laws provide extra safeguards to help protect your privacy.

## **Permitted Uses and Disclosures**

When allowed by law, we may use and disclose SUD records for treatment, payment, and healthcare operations, consistent with HIPAA and 42 CFR Part 2. These uses help us coordinate your care, process payment, and operate our practice effectively.

## **Legal Protections for SUD Records**

Federal law provides heightened protections for SUD records. In general:

- SUD records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order that meets the requirements of 42 CFR Part 2
- SUD records generally may not be used to investigate, prosecute, or bring criminal charges against you, except as permitted by law

These protections are intended to encourage individuals to seek treatment without fear that their information will be used against them.

## **Fundraising Communications**

If SUD records are used for fundraising purposes, you have the right to opt out of receiving fundraising communications before they are sent. Choosing to opt out will not affect your treatment, payment, or eligibility for services.

## **Uses and Disclosures Requiring Your Authorization**

We must obtain your written authorization before using or disclosing your health information for the following purposes:

### **Marketing**

Use of your health information for marketing purposes, except for face-to-face communications or the provision of small promotional items.

### **Sale of Health Information**

We do not sell your health information. Any sale would require your written authorization.

### **Psychotherapy Notes**

Although we do not maintain psychotherapy notes, written authorization would be required to use or disclose such notes if applicable.

You may revoke your authorization at any time in writing.

## Your Rights Regarding Health Information

You have the right to:

### Request Restrictions

Ask us to limit how we use or disclose your health information. We are not required to agree to all requests.

### Confidential Communications

Request that we communicate with you by alternative methods or at alternative locations.

### Inspect or Copy Records

Request access to your health information. Reasonable, cost-based fees may apply.

### Amend Records

Request corrections to your health information if you believe it is incomplete or inaccurate.

### Accounting of Disclosures

Receive a list of certain disclosures made within the past six years.

### Designate Another Recipient

Direct us to transmit your health information to a designated person or entity.

All requests must be submitted in writing.

## Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

### Contact Person:

Richard Hamilton, O.D.

The Focal Pointe, 850-385-4444

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

## Changes to This Notice

We reserve the right to revise this Notice and to apply any changes to all health information we maintain. Revised notices will be posted in our facility and made available upon request.

## Appointment No-Show Policy

To maintain scheduling fairness and patient access:

- A confirmed appointment missed without notice requires a \$50 non-refundable fee to reschedule
- Rescheduling more than three times within a 30-day period requires our office to place you on “walk-in” status and you must pay a \$50 non-refundable deposit towards your next appointment when scheduled

This policy helps ensure appointment availability for all patients.