Eclipse Eye Care PLLC
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Privacy Officer: Brandon Lee, OD | www.eclipseeyecare.com

NOTICE OF PRIVACY PRACTICES

Updated September 8, 2026

This notice explains how medical information about you may be used and disclosed, your rights regarding that information, and Eclipse Eye Care's responsibilities.

Important: HIPAA generally allows Eclipse Eye Care to use and disclose protected health information (PHI) for treatment, payment, and health care operations without obtaining a separate written authorization. We ask you to acknowledge receipt of this Notice, but your treatment is not conditioned on signing that acknowledgment.

YOUR RIGHTS

You have rights regarding the health information Eclipse Eye Care maintains about you. To exercise a right, contact our Privacy Officer using the information at the top of this Notice.

Access your records

- You may ask to inspect or receive an electronic or paper copy of medical and billing records in our designated record set, subject to limited legal exceptions.
- We will respond within the time required by applicable federal and Texas law. We may charge only fees permitted by law for copies or agreed-upon summaries.

Request a correction

- You may ask us to amend information you believe is incorrect or incomplete. We may deny a request in circumstances permitted by law, but we will explain a denial in writing and tell you about your right to submit a statement of disagreement.

Request confidential communications

- You may ask us to contact you in a reasonable alternative way or at a different address. We will accommodate reasonable requests as required by law.

Ask us to limit certain uses or disclosures

- You may ask us to restrict certain uses or disclosures for treatment, payment, or health care operations. We are generally not required to agree, except where the law requires otherwise.
- If you pay in full out-of-pocket for a specific item or service, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We will honor the request unless disclosure is required by law.

Receive an accounting of certain disclosures

- You may request a list of certain disclosures of your health information made during the six years before your request. The accounting does not include every disclosure, such as many disclosures for treatment, payment, or health care operations. One accounting in a 12-month period is provided without charge.

Receive this Notice and choose a representative

- You may obtain a paper copy of this Notice at any time, even if you received it electronically.
- A legally authorized personal representative may exercise your privacy rights when we verify that person's authority.

YOUR CHOICES

In certain situations, you may tell us your preference about how we share information. We will follow your instructions when the law gives you that choice.

- Family, friends, and others involved in your care or payment: You may tell us who may receive information. If you are unable to state a preference, we may share limited information when permitted by law and when we believe it is in your best interest.
- Disaster relief: We may share limited information with disaster-relief organizations when permitted by law.
- Marketing and sale of PHI: We will obtain your written authorization when HIPAA or other applicable law requires authorization for marketing or for the sale of PHI.
- Psychotherapy notes: Most uses and disclosures of psychotherapy notes require written authorization when such notes are maintained and HIPAA's special rules apply.
- You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose PHI without a separate written authorization when HIPAA, the Texas Medical Records Privacy Act, or other applicable law permits or requires it. Common examples include:

Treatment

- To provide, coordinate, or manage your eye care and related health care; communicate with other treating professionals; send prescriptions; obtain or share relevant records; and arrange referrals, laboratory services, imaging, optical services, or other care.

Payment

- To verify benefits, submit claims, obtain payment, coordinate benefits, address billing questions, and perform permitted collection activities.

Health care operations

- To run our practice, improve quality, train staff, conduct audits, credential providers, manage contracts, perform compliance activities, protect information systems, and carry out other permitted administrative functions. We may use business associates that are contractually required to safeguard PHI.

Appointment and care-related communications

- To contact you about appointments, recalls, prescriptions, test results, referrals, billing, treatment alternatives, or health-related benefits and services as permitted by law. Your communication preferences may be documented separately.

Other permitted or required uses and disclosures

- Public health and safety activities, including disease reporting, product recalls, adverse-event reporting, and reports of abuse, neglect, or domestic violence when authorized or required.
- Health oversight activities, licensing, audits, inspections, and investigations authorized by law.
- Workers' compensation and similar programs as authorized by law.
- Law-enforcement or government requests when the legal requirements for disclosure are met.
- Judicial or administrative proceedings, including responses to qualifying court orders, subpoenas, or other lawful process.
- Research when applicable legal requirements are satisfied.
- Organ and tissue donation; and disclosures to coroners, medical examiners, or funeral directors as permitted by law.
- To prevent or lessen a serious and imminent threat to health or safety when permitted by law.
- As otherwise required by federal or Texas law.

Specially protected information

Some information may be subject to protections that are more restrictive than ordinary HIPAA rules. When a federal or Texas law provides greater privacy protection, we will follow the more protective requirement. To the extent we create, receive, or maintain substance use disorder patient records protected by 42 CFR Part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without the permission or legal process required by Part 2.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in the Notice currently in effect.
- We will not use or disclose your information in a way that requires your written authorization unless you provide that authorization.
- We will comply with applicable Texas privacy requirements when they are more protective than HIPAA.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, or if you have questions about this Notice, contact Brandon Lee, OD, Privacy Officer, at Eclipse Eye Care PLLC, 2403 S Stemmons FWY, Ste 113, Lewisville, TX 75067; phone (972) 471-9500; fax (469) 455-2095.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a complaint is available at www.hhs.gov/hipaa/filing-a-complaint. You may also contact the Texas Attorney General regarding rights under the Texas Medical Records Privacy Act.

Eclipse Eye Care will not retaliate against you for filing a privacy complaint.

CHANGES TO THIS NOTICE

We may change the terms of this Notice and make the revised Notice effective for PHI we already maintain as well as information we receive in the future. The current Notice will be available upon request, posted in our office, and made available on our website.

ACKNOWLEDGMENT OF RECEIPT - OFFICE COPY

Use this section only if acknowledgment is not already captured on another Eclipse Eye Care form. Signing only confirms that the patient received or was given access to this Notice. It is not an authorization for additional uses or disclosures, and treatment is not conditioned on signing.

Patient/Representative Name: _____ DOB: _____

Signature: _____ Date: _____

If representative, relationship/authority: _____

If acknowledgment not obtained, staff documents good-faith effort/ reason: _____