

## **Notice of Privacy Practices**

**Access Eye Centers LLC DBA Access Eye**

**Effective Date:** 12/22/2025

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.

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### **Our Legal Duty**

Access Eye Centers LLC DBA Access Eye (“Access Eye,” “we,” “our,” or “us”) is required by law to maintain the privacy and security of your protected health information (“PHI”). We are also required to provide you with this Notice of Privacy Practices and to follow the terms of the notice currently in effect.

If a breach occurs that may compromise the privacy or security of your information, we will notify you as required by law.

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### **How We May Use and Disclose Your Health Information**

We may use and disclose your health information without your written authorization in the following circumstances:

#### **Treatment**

We may use and share your health information to provide, coordinate, or manage your medical care. This includes communication among physicians, staff, and other healthcare providers involved in your care.

#### **Payment**

We may use and disclose your health information to bill and collect payment for services provided to you. This may include communication with insurance companies or other entities responsible for payment.

#### **Health Care Operations**

We may use and disclose your health information for practice operations, including quality improvement, training, licensing, accreditation, audits, and general business management.

#### **Individuals Involved in Your Care**

We may share information with family members, friends, or others you identify who are involved in your care or payment for your care, unless you object. If you are unable to communicate your preference, we may share information if we believe it is in your best interest.

#### **As Required or Permitted by Law**

We may disclose your health information when required by law or for public health activities, health oversight activities, legal proceedings, law enforcement purposes, or to avert a serious threat to health or safety, as permitted by HIPAA.

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#### **Uses and Disclosures That Require Your Written Authorization**

Certain uses and disclosures of your health information require your written authorization. You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

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#### **Your Rights Regarding Your Health Information**

You have the right to:

##### **Access Your Records**

You may request to inspect or obtain a copy of your medical record and other health information we maintain about you. Requests must be submitted in writing. We will respond within the time required by law and may charge a reasonable, cost-based fee.

##### **Request a Correction**

If you believe information in your record is incorrect or incomplete, you may request a correction. We may deny your request but will provide a written explanation if we do.

##### **Request Confidential Communications**

You may request that we communicate with you in a specific way or at a specific location. We will accommodate reasonable requests.

##### **Request Restrictions**

You may request limits on how we use or disclose your health information for treatment, payment, or healthcare operations. We are not required to agree to all requests.

##### **Receive an Accounting of Disclosures**

You may request a list of certain disclosures of your health information made by us, excluding disclosures for treatment, payment, or healthcare operations.

### **Obtain a Copy of This Notice**

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

### **Appointing a Personal Representative**

If you have designated someone with legal authority to act on your behalf, that person may exercise your rights and make decisions about your health information.

### **File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

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### **Changes to This Notice**

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all health information we maintain. The updated Notice will be available on our website and in our offices.

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### **Contact Information**

If you have questions about this Notice or your privacy rights, or if you wish to file a complaint, please contact:

**HIPAA Privacy Officer:** Marissa Randall

**Practice Name:** Access Eye Centers LLC DBA Access Eye

**Phone:** 540-371-2020

**Address:** 110 Cambridge Street Fredericksburg, VA 22405