NOTICE OF PRIVACY PRACTICES

Effective Date: August 24, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Florida Eye Associates is committed to protecting the privacy and confidentiality of your health information while providing the highest quality ophthalmic care. We understand that medical information about you is personal. This Notice explains how we may use and disclose your Protected Health Information("PHI"), your rights regarding that information, and our legal obligations under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires healthcare providers to furnish patients with a Notice of Privacy Practices describing permissible uses and disclosures of protected health information and the patient's rights regarding that information.

OUR LEGAL DUTIES

Florida Eye Associates is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Notify you if a breach occurs that may compromise your health information.
- Follow the terms of the Notice currently in effect.
- Accommodate legally valid requests regarding your privacy rights.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose Protected Health Information (PHI). For each category, (treatment, payment, and healthcare operations. Also referred to as TPO), we provide an explanation and at least one real-world example.

Treatment

We may use and share your health information with other professionals who are diagnosing, treating, coordinating, and managing your healthcare.

Examples include:

- Communicating with your primary care physician, optometrist, retina specialist, oncologist, endocrinologist, or other healthcare providers involved in your care.
- Reviewing referrals and consultation reports.
- Managing surgical, medical, and optical treatment plans.
- Coordinating care between FEA locations and providers.

Payment

We may use and disclose your information to obtain payment for services rendered.

Examples include:

- Submitting insurance claims.
- Obtaining prior authorizations.
- Verifying eligibility and benefits.
- Billing patients for deductibles, copayments, coinsurance, and non-covered services.

Healthcare Operations

We may use and disclose your information to support our business operations and improve patient care. Examples include:

- Quality assessment and improvement activities.
- Peer review and credentialing.
- Staff training and education.
- Compliance, accreditation, and licensing activities.
- Business management and administrative functions.

OPHTHALMOLOGY-SPECIFIC INFORMATION

During the course of your care, Florida Eye Associates may create and maintain records that include:

- Eye examination findings
- Retinal imaging
- Optical Coherence Tomography (OCT)
- Fundus photography
- Angiography studies
- Corneal imaging
- Visual field testing
- Surgical planning records
- Refractive measurements
- Eyeglass and contact lens prescriptions
- Diagnostic interpretations

These records are considered part of your designated medical record and are protected by federal and state privacy laws.

MANDATORY PROTECTIONS FOR BEHAVIORAL HEALTH & SUBSTANCE USE RECORDS (SUD)

While we focus on your eye care, we may receive records from other clinics regarding substance use treatment. These specific records are protected by federal privacy laws under 42 CFR Part 2, meaning we will never share them with courts, police, or government investigators to be used against you, unless you consent in writing, or in response to a judge issued special court order.

ELECTRONIC MEDICAL RECORDS

Florida Eye Associates utilizes an electronic health record system to document and manage patient care. Your health information may be stored electronically and shared securely with authorized healthcare providers involved in your treatment, payment, and healthcare operations.

We maintain administrative, physical, and technical safeguards designed to protect your information from unauthorized access or disclosure.

AI-ASSISTED DOCUMENTATION TECHNOLOGY

To improve the accuracy and efficiency of clinical documentation, Florida Eye Associates may utilize artificial intelligence ("AI") assisted documentation tools or ambient listening technology during patient encounters. These tools may:

- Record conversation content during your visit.
- Assist providers in generating clinical notes.
- Create draft documentation for provider review.

All documentation generated through such technologies is reviewed and approved by your healthcare provider before becoming part of your medical record.
Any recordings or data captured by these systems are treated as protected health information and safeguarded in accordance with HIPAA and applicable privacy laws.
If AI-assisted documentation is used during your visit, you may ask questions regarding its use and request alternative documentation methods when feasible.

PATIENT PORTAL, EMAIL, TEXT, AND TELEPHONE COMMUNICATIONS

Florida Eye Associates may communicate with you electronically regarding:

- Appointments
- Surgery scheduling
- Test results
- Billing matters
- Prescription information
- Patient education materials

Electronic communications may occur through:

- Patient Portal
- Email
- Text messaging
- Automated reminders
- Telephone communications

While we employ reasonable safeguards, electronic communications carry inherent security risks. By providing your contact information, you authorize Florida Eye Associates to communicate with you regarding your care using these methods unless you notify us otherwise.

DISCLOSURES TO BUSINESS ASSOCIATES

We may share information with vendors and service providers who assist us in operating our practice, including:

- Electronic medical record providers
- Billing companies
- Information technology vendors
- Data storage providers
- Transcription and documentation services
- Quality improvement and compliance consultants

These entities are contractually required to protect your information and comply with applicable privacy laws.

AMBULATORY SURGERY CENTER RELATIONSHIP

As part of your treatment, you may be referred to Ophthalmology Center of Brevard, LP, doing business as ASC of Brevard, for surgical services.
Certain physicians affiliated with Florida Eye Associates may have ownership interests in ASC of Brevard or related healthcare entities. Alternative facilities are available, and you may request information regarding those alternatives from your physician or staff member. This relationship disclosure is consistent with information provided in FEA patient documentation.

YOUR PRIVACY RIGHTS

You have the right to:

Obtain a Copy of Your Medical Records

You may inspect and obtain copies of your health and billing records as permitted by law.

Request an Amendment
You may request correction of information you believe is inaccurate or incomplete.

Request Confidential Communications
You may request that we contact you in a specific manner or at a particular location.

Request Restrictions
You may request limitations regarding how your information is used or disclosed.

Obtain an Accounting of Disclosures
You may request a record of certain disclosures of your health information.

Receive a Paper Copy of This Notice
You may request a paper copy of this Notice at any time.

Designate a Personal Representative
You may authorize another individual to act on your behalf regarding your healthcare information, subject to applicable documentation requirements.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint using the contact information below. **You will not be penalized or retaliated against for filing a complaint.**

Florida Eye Associates Privacy Officer
502 E. New Haven Avenue
Melbourne, Florida 32901
Phone: (321) 727-2020

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, which oversees HIPAA privacy compliance. To file a complaint go to https://www.hhs.gov/hipaa/filing-a-complaint.

CHANGES TO THIS NOTICE

Florida Eye Associates reserves the right to change the terms of this Notice at any time. If we make any changes, we will provide you with a copy of the revised notice or information on how to obtain it. Any revised Notice will apply to all protected health information maintained by the practice and will be made available in our offices and on our website.

Florida Eye Associates Protecting Your Vision. Respecting Your Privacy.