



EYE SURGEONS OF INDIANA NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information

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

OUR RESPONSIBILITIES

Eye Surgeons of Indiana is required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI).
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of this Notice.
- Notify you promptly if a breach occurs that may compromise the privacy or security of your information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

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

Treatment

To provide, coordinate, or manage your care among healthcare providers.

Example: Sharing information with specialists involved in your care.

Payment

To bill and receive payment for services.

Example: Submitting claims to your insurance company or verifying coverage.

Health Care Operations

To operate our practice and improve patient care.

Example: Quality improvement activities, audits, staff training, or patient satisfaction surveys.

ADDITIONAL PERMITTED USES

We may also use or disclose your PHI for:

- Appointment reminders and care coordination
- Treatment alternatives or health-related services
- Fundraising communications (you may opt out at any time)
- Public health and safety activities
- Legal and regulatory requirements
- Law enforcement when required by law
- Business associates performing services on our behalf (who are required to protect your PHI)

We may also create de-identified information that does not identify you personally.

USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization for:

- Most uses or disclosures of psychotherapy notes
- Marketing purposes
- Sale of PHI
- Any other use not described in this Notice

You may revoke authorization at any time in writing.

YOUR RIGHTS

You have the right to:

- **Access your medical records within 15 days of request**
- **Inspect or receive copies** of your PHI (paper or electronic)
- **Request corrections** to your records
- **Request confidential communications** (alternate address, phone, etc.)
- **Request limits on certain disclosures** (in some circumstances)
- **Request an accounting of disclosures**
- **Receive a paper copy of this Notice at any time**
- **Be notified of breaches** involving your unsecured PHI

You also have the right to:

- Use your personal device (such as a smartphone) to photograph or record your PHI
- Record visits where permitted by law
- Request that PHI related to services paid fully out-of-pocket not be shared with your health plan (unless required by law)

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain. The updated Notice will be posted in our offices and available upon request.
