

PARKER VISION SPECIALISTS, P.C.

NOTICE OF PRIVACY PRACTICES

Revision Date: February 11, 2026

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.

Your “health information,” for purposes of this Notice, is generally any information that identifies you and is created, received, maintained, or transmitted by us in the course of providing health care items or services to you.

Parker Vision Specialists, P.C. is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the HIPAA Privacy Rule amendments finalized in 2024 and effective February 16, 2026, and other applicable laws to:

- Maintain the privacy of your health information
- Provide you with this Notice of our legal duties and privacy practices
- Abide by the terms of this Notice currently in effect
- Notify you following a breach of unsecured protected health information

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reasons we use or disclose your health information are for:

Treatment

Examples include:

- Setting up appointments
- Examining or testing your eyes
- Prescribing glasses, contact lenses, or medications
- Referring you to another provider
- Obtaining records from other providers

Payment

Examples include:

- Asking about insurance coverage

- Preparing and submitting claims
- Sending bills
- Collecting unpaid balances

Health Care Operations

Administrative functions necessary to run our practice, including:

- Financial and billing audits
- Quality assurance
- Staff management
- Business planning
- Legal matters
- Record storage
- Participation in managed care plans

OTHER DISCLOSURES AND USES PERMITTED OR REQUIRED BY LAW

In certain limited situations, we may use or disclose your health information without your authorization. These situations include:

- When required by state or federal law
- Public health activities (e.g., disease reporting)
- FDA reporting
- Reporting suspected abuse, neglect, or domestic violence
- Health oversight activities (e.g., audits, licensing reviews)
- Judicial or administrative proceedings
- Law enforcement purposes
- Medical examiners and funeral directors
- Organ and tissue donation organizations
- Approved health research
- To prevent serious threats to health or safety
- Specialized government functions (e.g., military, national security)
- Workers' compensation programs
- Disclosures of de-identified information
- Limited data sets for research or public health
- Incidental disclosures
- Disclosures to business associates who agree to protect your information

Unless you object, we may share relevant information with family members or others involved in your care or payment. After your death, we may disclose relevant information to individuals involved in your care unless inconsistent with your expressed preferences.

**ADDITIONAL FEDERAL
PRIVACY PROTECTIONS (Effective February 16, 2026)**

Reproductive Health Care Privacy Protections

Federal law prohibits us from using or disclosing your health information for the purpose of:

- Conducting criminal, civil, or administrative investigations into lawful reproductive health care
- Imposing liability for seeking, obtaining, providing, or facilitating lawful reproductive health care
- Identifying individuals for such purposes

If we receive a request for health information potentially related to reproductive health care for:

- Law enforcement
- Judicial or administrative proceedings
- Health oversight activities
- Coroners or medical examiners

We will require a signed written attestation confirming the request is not for a prohibited purpose before any disclosure is made.

Substance Use Disorder Records (42 CFR Part 2)

If we create or receive records related to substance use disorder diagnosis, treatment, or referral, those records may be subject to additional federal confidentiality protections.

In accordance with federal law:

- Such records may be used or disclosed for treatment, payment, and health care operations as permitted by law
- Redisclosure may be prohibited without specific authorization
- Patients may request an accounting of disclosures of such records

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We must obtain your written authorization before:

Marketing

Using or disclosing your information for marketing purposes, except face-to-face communications or promotional gifts of nominal value.

Sale of Health Information

We do not sell your health information and would require authorization if we ever did.

Psychotherapy Notes

Although we do not maintain psychotherapy notes, federal law generally requires authorization for their use or disclosure.

OTHER USES AND DISCLOSURES

Any uses or disclosures not described in this Notice will be made only with your written authorization.

You may revoke your authorization at any time in writing. Revocation will not apply to disclosures already made or to actions taken in reliance on your authorization.

We must agree to restrict disclosure to a health plan if:

- The disclosure is for payment or health care operations
- It is not otherwise required by law
- The information relates solely to services paid in full out-of-pocket

YOUR RIGHTS

You have the right to:

- Request restrictions on uses and disclosures (we are not required to agree, except as noted above)
- Request confidential communications
- Inspect or obtain copies of your health information (fees may apply)
- Request amendments to your records
- Receive an accounting of disclosures (up to six years prior, excluding certain disclosures)
- Direct us to transmit copies of your records to another designated person

All requests must be submitted in writing.

CONTACT INFORMATION

Privacy Officer:

Emily Galka
Parker Vision Specialists, P.C.
9235 Crown Crest Blvd. #150
Parker, CO 80138
Phone: 303-840-6268
Fax: 303-840-5385

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with:

U.S. Department of Health and Human Services
Office for Civil Rights

We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and apply revised practices to all health information we maintain. Updated Notices will be posted in our office and available upon request.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices of Parker Vision Specialists, P.C.

Patient Name: _____

Signature: _____

Date: _____

If signed by personal representative:

Name of Representative: _____

Relationship to Patient: _____

AUTHORIZATION TO DISCLOSE TO FAMILY OR OTHERS

I authorize Parker Vision Specialists, P.C. to disclose my health information to:

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Please initial to allow communications via email and text (appointment reminders, receipts, prescriptions)

I authorize electronic communications

Email Address: _____