

# Privacy Policy

This Privacy Policy governs the manner in which Sierra Nevada Eye Center (SNEC) (herein referred to as “Clinic”) collects, uses, maintains, and discloses information collected from users (referred to as “Users”) of the <https://www.nveyedoc.com/> , (“Site”). This privacy policy applies to this Site and all products and services offered by Sierra Nevada Eye Center (SNEC).

## **Personal identification information**

We may collect personal identification information from Users in a variety of ways, including, but not limited to, when Users visit our site, register on the site, subscribe to a newsletter, respond to a survey, fill out a form, and in connection with other activities, services, features or resources we make available. For example, Users may be asked for, as appropriate, name, email address, phone number, and other data relevant to providing information to the User to improve their customer service experience. Users can always refuse to supply personal identification information, except that it may prevent them from engaging in certain promotions, services, and obtaining online access to materials.

## **Non-personal identification information**

We may collect non-personal identification information about Users. Non-personal identification information may include items such as IP addresses, browser types, page views, and technical information about Users means of connection to our Site, such as the Internet service providers utilized and other similar information.

### **Web browser cookies**

Our Site may use “cookies” to enhance User experience. User’s web browser places cookies on their hard drive for record-keeping purposes and sometimes to track information about them. Users may choose to set their web browser to refuse cookies, or to alert you when cookies are sent. If the User does this, some access to specific information on our website, promotions, and announcements may not be available.

### **How we use collected information**

Sierra Nevada Eye Center (SNEC) may collect and use User’s personal information for the following purposes:

- To improve customer service. The information you provide helps us respond to your customer service requests and support needs more efficiently.

- To personalize user experience. We may use information in the aggregate to understand how our Users as a group use the services and resources provided on our Site.
- To improve our Site. We may use feedback you provide to improve our products and services.
- To run a promotion, contest, survey, or other Site feature.
- To send Users information they agreed to receive about topics we think will be of interest to them.
- To send periodic emails or text messages.

We may use personal information to respond to inquiries, questions, and/or other requests. If User decides to opt-in to our mailing list, they will receive emails that may include company news, updates, related product, or service information, etc. If at any time the User would like to unsubscribe from receiving future emails, we include detailed unsubscribe instructions at the bottom of each email.

### **How we protect your information**

We adopt appropriate data collection, storage, processing practices and security measures to protect against unauthorized access, alteration, disclosure or destruction of personal information, username, password, transaction information and data stored on our Site.

### **Sharing your personal information**

We do not sell, trade, or rent Users personal identification information to others. We may share generic aggregated demographic information not linked to any personal identification information regarding visitors and users with our business partners, trusted affiliates and advertisers for the purposes outlined above. We may use third party service providers to help us operate our business or administer activities on our behalf. We may share your information with these third parties for those limited purposes provided that you have given us your permission.

### **Patient privacy**

Sierra Nevada Eye Center (SNEC) uses a variety of methods to communicate on matters related to current, previous, or potential medical treatment. Users have a choice as to how the Clinic communicates provided they are within reasonable means to ensure patient privacy.

### **Third party websites**

Users may find advertising or other content on our Site that links to the sites and services of our partners, suppliers, advertisers, sponsors, licensors and other third parties. We do not control the content or links that appear on these sites and are not responsible for the practices employed by websites linked to or from our Site. In addition, these sites, or services, including their content and links, may be constantly changing. These sites and services may have their own privacy policies and customer service policies. Browsing and interaction on any

other website, including websites which have a link to our Site, is subject to that website's own terms and policies.

### **Changes to this privacy policy**

Sierra Nevada Eye Center (SNEC) has the discretion to update this privacy policy at any time. When we do, we will revise the updated date at the bottom of this page. We encourage Users to frequently check this page for any changes to stay informed about how we are helping to protect the personal information we collect. You acknowledge and agree that it is your responsibility to review this privacy policy periodically and become aware of modifications. It is Sierra Nevada Eye Center (SNEC) responsibility to review this Privacy Policy with Users annually or as soon as you have another appointment if longer than a year.

### **Patient Bill of Rights**

The Patient Bill of Rights describes how medical information about you may be used and disclosed, and how you can access this information under law, and your rights and obligations as a patient of this clinic.

The Clinic adopted the Bill of Rights because of our belief that respect for patients' rights will enhance patients' experiences and improve the results of the patients' surgery. The Clinic used the American Hospital Association's ("AHA") Management Advisory, "A Patient's Bill of Rights" approved by the AHA Board of

Trustees on October 21, 1992, as the foundation for our Bill of Rights with the AHA's support and encouragement.

We understand that your medical information is personal, and we are committed to protecting your medical information. While a patient at this Clinic, we create records of the care provided to you. We need these records to provide you with quality healthcare and to comply with certain legal requirements.

This Notice of Privacy Practices (the "Privacy Practices" or "Notice") describes how we may use and disclose your medical information to conduct treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your medical information under law.

This Privacy Practices describes the privacy practices of this Clinic as well as our affiliated surgeons and optometrists. We will share information with each other as necessary to carry out our respective treatment obligations, payment activities, and healthcare operations.

Privacy Practices

*Your Rights*

Although the records containing your medical information are the physical property of this Clinic, the information belongs to you. By law, you have the right to:

- Inspect and/or receive a copy of your medical information. Generally, we will respond to your request within 10 to 30 days based on the state the Clinic you visited is located. Under certain circumstances, we may deny your request.
- The following outlines what the HIPAA and state guidelines are:
- HIPAA overall is 30 Business Days
- NV is 10 Business Days or 20 Business Days if stored out of state
- TX is 15 Business Days
- WA is 15 Business Days
- UT is 30 Business Days
- Request a restriction on certain uses and disclosures of your medical information; however, we are not required to agree with a requested restriction.
- Request that we communicate with you by using alternative means or at an alternative location. For example, your home or office phone or to send mail to a different address. We will say “yes” to all reasonable requests.
- Request an amendment of your medical information, if you believe it is inaccurate; however, we may deny your request for amendment if we believe your medical information is accurate. If your request is denied, we will mail a letter within sixty (60) days stating the reason for the denial.

- You can ask for a list (accounting) of the times we have shared your health information for six (6) years prior to the date you ask, including who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Request an accounting of certain disclosures we have made, if any, of your medical information.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Revoke any authorization you have provided to use or disclose your medical information except to the extent that action has already been taken in reliance on such authorization.
- Obtain a paper copy of this Notice upon request.
- File a complaint if you feel your rights are violated:
- Contact our Privacy Officer at [compliance@comp-eyecare.com](mailto:compliance@comp-eyecare.com) or 725-308-2801.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence

Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- We will not retaliate against you for filing a complaint.

### *Our Responsibilities*

We are required to:

- Maintain the privacy of your medical information.
- Provide you with a copy of our Privacy Practices with respect to your medical information.
- Notify you in the event of a breach of your medical information.
- Abide by the terms of the Privacy Practices.

### *Examples of Permitted Disclosure of Medical Information by this Clinic:*

The following are examples of the types of uses and disclosures of your medical information that are permitted (these examples are not meant to be exhaustive).

**Treatment.** We may use and disclose your medical information to provide, coordinate, or manage your healthcare and related services. For example, we may disclose your medical information to the doctors and technicians that care for you while you are undergoing surgery or an optometrist that cares for you after surgery to ensure that they have the necessary information to treat you.

**Payment.** Your medical information may be disclosed, as needed, to obtain payment from your insurance company or other person responsible for payment for your healthcare services. For example, we may disclose your medical information to an insurance company so that it can determine your eligibility or coverage for insurance benefits.

**Healthcare Operations.** We may use or disclose your medical information for our internal operations, which include activities necessary to operate this Clinic and provide our patients with high quality patient care. For example, we may use your medical information for quality improvement purposes to evaluate the care provided to you. We may also use a sign-in sheet at the reception desk asking for your name or call you by name in the waiting area. We may use your medical information to contact you to remind you of appointments, tell you about or recommend possible treatment options or alternatives that may be of interest to you, or inform you about other health related benefits and services that may be of interest to you.

**De-Identified Information.** We may use your PHI to create “de-identified” information, which means information that can be used to identify you will be removed. There are specific rules under the law about what type of information needs to be removed before information is considered de-identified. Once information has been de-identified as required by law, it is no longer subject to this Notice, and we may use it for any purpose without any further notice or compensation to you.

### *Other Permitted Uses and Disclosures*

- Unless you object, our staff and the optometrist and surgeons caring for you may disclose your medical information to a family member, relative, close personal friend, or other person that you identify.
- If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- Unless you object, our staff or the optometrist and surgeons caring for you may disclose your name, treatment date, and contact information to a local partnering optometrist who may prompt you with an annual appointment reminder to facilitate follow-up care.
- We may be required by law to disclose your medical information.
- We will make your medical information available to you, the Secretary of the Department of Health and Human Services, and as otherwise required by Federal and State law.
- We may disclose your medical information to a public health agency to help prevent or control disease, injury, or disability. This may include disclosing your medical information to report certain diseases, death, abuse, neglect, or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies, or equipment that we use.

- We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the healthcare system or for government benefit programs.
- We may disclose your medical information as authorized by law to comply with workers' compensation laws.
- We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful process.
- We may disclose your medical information to law enforcement officials to report or prevent a crime, locate, or identify a suspect, fugitive or material witness or assist a victim of a crime.
- We may use or disclose your medical information for research purposes when the research receives approval of an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.
- If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veteran's benefits, for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.

- We may disclose your medical information to coroners, medical examiners, and funeral directors so that they can perform their duties or for purposes of identification or determining cause of death.
- We may disclose your medical information to people involved with obtaining, storing, or transporting organs, eyes, or tissue of cadavers for donation purposes.
- We may share your medical information with third party “business associates” that perform various services for us. For example, we may disclose your medical information to third parties to provide billing or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.

### **Privacy Practices Specific to States Where We Operate**

- In Nevada, patients may expect copies of their medical records within ten (10) working days of the request and may expect to pay the actual cost of postage, if any, as well as the costs of making the copy, not to exceed 60 cents per page.
- The Texas Medical Privacy Act (TMPA) prohibits any release of PHI for marketing purposes without consent or authorization from the individual. The TMPA also does not allow de-identified information to be re-identified under any circumstances. No consent or authorization need be obtained prior to the use and disclosure of PHI for non-profit agencies, Red Cross, or offenders with mental impairments.

- In Utah, patients may expect copies of their medical records within 30 days of the request and may also expect to pay a reasonable fee that does not exceed \$30. Additionally, all reports regarding communicable diseases are confidential and may only be disclosed to authorized healthcare workers or researchers.
- In Washington, we will not disclose information pertaining to sexually transmitted diseases, mental healthcare, or substance use disorder unless authorized by you. Patients may expect copies of their medical records within 15 days of the request. We may charge a reasonable fee to fulfill the request. Additionally, if you are under age 18 and old enough to consent to your own healthcare services, we will not release information about those services unless authorized by you.

#### Authorization Required

**Authorization.** For services and disclosures of your medical information beyond the uses and disclosures described in the Privacy Practices or as authorized or required by law, we are required to obtain your written authorization. You may revoke an authorization in writing at any time to stop future use or disclosures by us with certain limited exceptions.

#### *Your Responsibilities*

The collaborative nature of healthcare requires that a patient (and their family members/guardian and/or Personal Representative) participate in their care. The

effectiveness of care and patient satisfaction depends, in part, on the patient fulfilling certain responsibilities. You are responsible for providing information about past illnesses, hospitalization, medications, and other matters related to your health. To participate effectively in decision-making, you must take responsibility for requesting additional information or clarification about your condition or treatment when you do not fully understand information and/or instructions. You are also responsible for informing your healthcare professionals if you anticipate problems following the prescribed treatment or post-operative care.

Your vision depends on much more than the healthcare you receive at the Clinic. As a result, you are responsible for recognizing the impact of your lifestyle on the health of your eyes and vision.

#### Changes to this Notice

By law, we must abide by the terms of the Privacy Practices; however, we reserve the right to change our Privacy Practices and/or this Notice. If we revise this Notice, the new Notice will be effective for all the medical information we maintain. Any new Notices will be available by accessing the website, <https://www.nveyedoc.com/> or by requesting a copy be sent to you by mail or request a copy at the time of your next appointment or visit.

#### **Your acceptance of these terms**

By engagement with our Site, you signify your acceptance of this policy. If you do not agree to this policy, please do not use our Site. Your continued use of the Site following the posting of changes to this policy will be deemed your acceptance of those changes.

### **Contacting us**

If you have any questions about this Privacy Policy, the practices of this site, or your dealings with this site, please contact us at:

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