EYE DOCTORS OF SOUTH FLORIDA

HIPAA Notice of Privacy Practices

EFFECTIVE DATE	July 17, 2026
PRIVACY OFFICIAL	Maria Corrado, Office Manager | (786) 773-2424 | doctorsofsouthflorida@gmail.com
MIAMI OFFICE	9473 W Flagler Street, Miami, Florida 33 174
HIALEAH OFFICE	2150 W 68th Street, Ophthalmology Suite, Hialeah, Florida 33 016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS AND OUR RESPONSIBILITIES. PLEASE REVIEW IT CAREFULLY.

This notice applies to EYE DOCTORS OF SOUTH FLORIDA and the workforce members, clinicians, and locations listed above when acting for the Practice.

Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities.

Get an electronic or paper copy of your medical record

- You may ask to inspect or obtain an electronic or paper copy of your medical record and other health information in our designated record set. Ask us how to do this.
- We will provide a copy or summary within the time required by law, generally within 30 days. We may charge only a reasonable, cost-based fee allowed by law.

Ask us to correct your medical record

- You may ask us to correct health information you believe is incorrect or incomplete. Ask us how to submit the request.
- We may deny the request for reasons permitted by law, but we will explain the denial in writing within the required time.

Request confidential communications

You may ask us to contact you in a particular way, such as by mobile telephone, mail, or patient portal, or to send mail to a different address. We will agree to reasonable requests.

Ask us to limit what we use or share

- You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are generally not required to agree and may deny a request if it could affect care. If we agree, we may still disclose information for emergency treatment or as required by law.
- If you pay for an item or service completely out of pocket, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We will agree unless disclosure is required by law.

YOUR RIGHTS

Your Rights — continued

Receive an accounting of disclosures

You may request an accounting of certain disclosures made during the six years before your request. The accounting excludes disclosures that the law does not require us to list, including many disclosures for treatment, payment, and health care operations. One accounting in a 12-month period is free; a reasonable cost-based fee may apply to additional requests after advance notice.

Receive a copy of this notice

You may request a paper copy at any time, even if you agreed to receive it electronically. We will provide one promptly.

Choose someone to act for you

A person with legal authority to act for you, such as a parent, legal guardian, health care surrogate, or authorized agent, may exercise rights within the scope of that authority. We will verify identity and authority before acting. We may decline to treat a person as your personal representative when permitted by law.

File a complaint without retaliation

You may complain to Maria Corrado, Office Manager, at (786) 773-2424, doctorsofsouthflorida@gmail.com, or 9473 W Flagler Street, Miami, Florida 33 174. You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue SW, Washington, DC 20 201, calling 1-877-696-6775, or visiting hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

Your Choices About Certain Uses and Disclosures

For certain health information, you may tell us your preferences about what we disclose. Tell us if you have a clear preference, and we will follow your instructions when the law allows.

Family, friends, caregivers, and disaster relief

- You may tell us whether to disclose relevant information to family members, friends, or others involved in your care or payment.
- You may tell us whether to disclose information to assist in disaster-relief efforts.
- If you cannot tell us your preference—for example, because you are unconscious—we may disclose information when permitted by law and when we believe disclosure is in your best interest. We may also disclose information to reduce a serious and imminent threat to health or safety.

Marketing, sale of information, fundraising, and psychotherapy notes

- We generally need your written authorization for most marketing uses, the sale of protected health information, and most uses or disclosures of psychotherapy notes.
- We do not currently conduct fundraising using patient information. If that changes, any permitted fundraising communication will explain how to opt out.

OUR USES AND DISCLOSURES

How we may use and disclose health information

We may use and disclose your health information without written authorization for the following purposes and when otherwise permitted or required by law.

Treat you

We may use your information and disclose it to physicians, optometrists, pharmacies, laboratories, surgery centers, hospitals, imaging providers, and other professionals involved in your care. Example: we may send examination findings to a cataract surgeon, an ophthalmologist with fellowship training in glaucoma, a primary-care physician, or a referring clinician.

Operate our Practice

We may use and disclose information to run the Practice, improve services, train workforce members, conduct quality and compliance activities, manage cases, and contact you about care. Example: we may review records to improve follow-up for glaucoma testing.

Bill for services

We may use and disclose information to obtain payment from health plans or others. Example: we may send diagnosis, procedure, referral, or authorization information to Medicare, Medicaid, a commercial insurer, or a billing company.

Business associates

We may disclose information to vendors that perform services involving protected health information, such as billing, record storage, information technology, shredding, or legal services. When required, written business-associate agreements obligate them to safeguard the information.

Public health and safety

- Prevent or control disease, report adverse reactions or product problems, and assist product recalls.
- Report suspected abuse, neglect, or domestic violence when permitted or required.
- Prevent or reduce a serious threat to anyone's health or safety.
- Comply with health oversight, professional licensing, audits, inspections, and legally authorized investigations.

Comply with the law

We will disclose information when federal or Florida law requires it, including to the U.S. Department of Health and Human Services when it investigates our compliance.

Other permitted purposes

- Respond to organ and tissue donation organizations.
- Work with a coroner, medical examiner, or funeral director.
- Address workers' compensation, law-enforcement requests, correctional-institution needs, and other government functions as permitted by law.
- Respond to court or administrative orders, subpoenas, discovery requests, or other lawful process when applicable requirements are satisfied.
- Use or disclose information for research only when authorized or when an institutional review board, privacy board, or law permits it.

SPECIAL PROTECTIONS

Special Protections and Our Responsibilities

Specially protected information

Some records receive additional protection under federal or Florida law. We will follow any more protective law that applies to mental-health records, psychotherapy notes, substance-use-disorder records, HIV-related information, genetic information, reproductive-health information, records involving minors, and other specially protected information.

To the extent we maintain substance-use-disorder patient records protected by 42 C.F.R. Part 2, those records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient without the patient's written consent or a qualifying court order accompanied by a subpoena or other legal mandate, as applicable.

Minors and personal representatives

Parents and legal guardians generally act as personal representatives for minor patients, but exceptions may apply when a minor may lawfully consent to care, when another person has legal authority, or when the law permits us to limit representative access. We verify authority and follow the scope of applicable Florida and federal law.

Our responsibilities

- We are required by law to maintain the privacy and security of protected health information.
- We use administrative, physical, and technical safeguards appropriate to our operations.
- We will notify affected individuals promptly if a breach occurs that may have compromised the privacy or security of their information, when notification is required.
- We must follow the duties and privacy practices described in the notice currently in effect and give you a copy.
- We will not use or disclose information other than as described or otherwise permitted unless you authorize us in writing. If you give authorization, you may generally revoke it in writing at any time. Revocation does not affect actions already taken in reliance on the authorization.
- We do not require you to waive privacy rights as a condition of treatment except in limited circumstances permitted by law.

Changes to this notice

We may change this notice and make the revised terms effective for all health information we maintain, including information created or received before the change. The current notice will be available at our offices, on our website at flaglereyedoctor.com, and upon request.

How to exercise your rights or ask questions

Contact Maria Corrado, Office Manager and Privacy Official, at (786) 773-2424, doctorsofsouthflorida@gmail.com, or 9473 W Flagler Street, Miami, Florida 33 174. Requests involving medical records or privacy rights may need to be in writing and may require verification of identity and legal authority.

> **EMAIL NOTICE: Ordinary email may not be secure. Do not send urgent eye symptoms, Social Security numbers, full insurance identifiers, or sensitive medical details to the general email address. Call the Practice for appropriate secure communication instructions. For an eye emergency or sudden vision loss, seek immediate medical care.**

ACKNOWLEDGMENT

Acknowledgment of Receipt of Notice of Privacy Practices

This acknowledgment form is for office use. Patients do not need to sign or return it online.

This acknowledgment is retained by the Practice. The patient or authorized representative should receive the preceding Notice of Privacy Practices.

Patient full legal name	_____
Date of birth	_____
Medical record number	_____
Date notice offered	_____

I acknowledge that I received or was offered the EYE DOCTORS OF SOUTH FLORIDA Notice of Privacy Practices, effective July 17, 2026. My signature confirms receipt only. It does not authorize uses or disclosures beyond those permitted by law. Refusing to sign does not prevent the Practice from using or disclosing information as HIPAA permits.

☐ I received a paper copy. ☐ I received an electronic copy. ☐ I declined a copy after it was offered.

Patient/authorized representative signature	_____
Printed name	_____
Relationship/authority, if not patient	_____
Date/time	_____

Office use if acknowledgment is not obtained

☐ Patient/representative declined to sign. ☐ Emergency treatment. ☐ Unable to sign/no representative.

☐ Other: _____

Good-faith effort and reason	_____
Staff name/signature	_____
Date/time	_____