

NOTICE OF PRIVACY PRACTICES

Notice is effective as of August 6th, 2025.

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Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Our Legal Duty

The Law Requires Us To:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the current notice.
- Notify you following a breach of unsecured protected health information that affects you, as required by law.

We Have the Right To:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Changes to Privacy Practices:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

Use and Disclosure of Your Medical Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. You may revoke any written authorization at any time by submitting a written request to us.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you with your other health care providers to assist in treating you.

For Payment:

We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

For Health Care Operations:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and obtaining the accreditation, certificates, licenses, and credentials we need to serve you.

Additional Uses and Disclosures**Facility Directory:**

Unless you notify us that you object, the following medical information about you will be placed in our facility directories: your name, your location in our facility, your condition described in general terms, and your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

Notification:

We may use and disclose medical information to notify or help notify a family member, your personal representative, or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission, if possible, before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-rays, or medical information for you.

Disaster Relief:

We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising:

We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, non-personal terms, and the dates of your health care. In any fundraising materials, we will provide you with a description of how you may choose not to receive future fundraising communications.

Research in Limited Circumstances:

We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner:

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities:

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to the jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when authorized, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety, or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers' Compensation:

We may disclose health information when authorized or necessary to comply with laws relating to workers' compensation or other similar programs.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight for activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crime at the request of a law enforcement official, reporting deaths, crimes on our premises, and crimes in emergencies.

Appointment Reminders:

We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointment.

Alternative and Additional Medical Services:

We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you and to describe or recommend treatment alternatives.

Your Individual Rights

You have the right to:

- **Access Your Information:** Look at or obtain copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want copies mailed to you. Please ask the receptionist about our fee structure.
- **Accounting of Disclosures:** Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, health care operations, and other specified exceptions.
- **Request Restrictions:** Request that we place additional restrictions on our use or disclosure of your medical information. While we are not required to agree to these additional restrictions, if we do agree, we will abide by our agreement (except in emergencies).
- **Confidential Communications:** Request that we communicate with you about your medical information by different means or at different locations. This request must be made in writing and addressed to our Privacy Officer.
- **Request Amendments:** Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for other valid reasons. If we deny your request, we will provide you with a written explanation and a statement of disagreement, which will be added to your medical record. If we accept your request, we will make reasonable efforts to inform others, including

individuals you name, about the change and include it in future disclosures.

- **Request a Paper Copy:** Request a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive it electronically. You may do so by submitting a written request to our Privacy Officer.
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Questions and Complaints

If you have any questions about this notice or believe that your privacy rights have been violated, you may contact our Privacy Officer:

Privacy Officer: Dr. Alexandra Vlad, O.D.

Phone: 407.269.9438

Email: drvladod@vladeyecare.com

You also have the right to submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the appropriate address upon request. **We will not retaliate against you in any way for filing a complaint.**

These privacy practices are in effect as of August 6, 2025, and will remain in effect until further notice.