BLOCK VISION OF TEXAS, INC. D/B/A SUPERIOR VISION OF TEXAS
NOTICE OF PRIVACY PRACTICES

Last Revision Date: May 23, 2025

THIS NOTICE DESCRIBES:

(1) HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; AND

(2) HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

CONTACT INFORMATION

If you have any questions about this notice, please contact:

Name: Privacy Office
Address: PO Box 472, Troy NY 12181
Telephone: 1-800-571-3366

OUR DUTIES REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations that we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information identifying you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of our notice that is currently in effect.
- We are also required by law to notify affected individuals following a breach of their unsecured medical information in accordance with applicable law.

HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and

try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to arrange for the provision of optometric treatment or services to you. We may disclose medical information about you to optometrists, doctors, technicians, or other personnel who are involved in rendering services to you. We also may disclose medical information about you to people who may be involved in or pay for your optometric care, such as family members.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from health care providers may be billed by them to us and so that payment may be made by us to those providers and collected from you, other insurance companies or third parties. For example, we may receive information from your optometrist about an eye examination you received at such optometrist's office so that we may pay your optometrist for the exam. We may also talk to your eye care professional prior to you receiving an eye examination to verify your eligibility for such services in order to determine whether we will cover the services.
- **For Health Care Operations.** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to operate our business and to make sure that all of the individuals enrolled with our plan receive quality care. For example, we may use medical information to review the services rendered by a participating provider to evaluate the performance of the provider in caring for you. We may also combine medical information about many people covered by the plan to evaluate and/or make changes to the benefits covered by the plan. We may also disclose medical information to health plan sponsors (usually employers) for purposes of administering the plan.
- **Others Involved in your care.** Unless you object, we may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your vision care or with payment for your vision care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care. Before we disclose your protected health information to a person involved in your vision care or payment for your vision care, we will provide you with an opportunity to object to such uses or disclosures. We will make sure the person has this authority and can act for you before we take any actions. However, if you are not present, or in the event of your incapacity or an emergency, we will disclose your protected health information based on our professional judgment of whether the disclosure would be in your best interest.

  If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. We will not seek or accept direct or indirect payment from a third party for communicating to you about these benefits or services without first obtaining your written permission. You may revoke this permission at any time by notifying us in writing.
- **Marketing.** We will not use or disclose medical information for marketing purposes, except that we may use or disclose medical information about you when we have face-to-face conversations with you about products or services that may be beneficial to you. We will not seek or accept direct or indirect payment from a third party in exchange for communicating to you about these products or services without first obtaining your written permission. You may revoke this permission at any time by notifying us in writing.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information about you to a health oversight agency for activities authorized by law or we may disclose medical information about you in response to a court or administrative order or in connection with a legal proceeding (such as a subpoena or a discovery request).
- **Disaster Relief.** We may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **Public Health and Safety**. We are allowed and may be required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.
- **Organ & Tissue Donation.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies and can share health information about you with organ procurement organizations.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not permitted by this Notice or the laws that apply to us will be made only with your written permission. If you permit us to use or disclose medical information about you, you may revoke that permission, in writing, at any time using the privacy office contact information listed on this notice. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission.

- We will not use or disclose your genetic information, substance abuse or behavioral health related information for underwriting purposes.

- We will not sell to any third party the right to use, access or disclose your medical information without your written permission except as specifically permitted by law. You may revoke this permission at any time by notifying us in writing.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

  To request restrictions, you must make your request in writing to the contact person/office first set forth above.

  A Request for Restrictions Form for making your request will be provided upon request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

  To request confidential communications, you must make your request in writing to the contact person/office first set forth above. A Request for Confidential Communication Form for making your request will be provided upon request and is available on the company website. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information compiled in anticipation of a legal proceeding.

  To inspect and copy (including an electronic copy) medical information that may be used to make decisions about you, you must submit your request in writing to the contact person/office first set forth above.

  A Request for Access Form for making your request will be provided upon request. If you request a copy of the information, we may charge a fee for the costs of copying, matting or other supplies associated with your request and will provide you with access and/or copies within 30 days.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional of our choosing will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

  To request an amendment, you must submit your request in writing to the contact person/office first set forth above. In addition, you must provide a reason that supports your request. A Request to Amend Form for making your request will be provided upon request.

  We may deny your request for an amendment if it is not in writing or if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the plan;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures except for certain disclosures that do not require an accounting such as disclosures to carry out treatment, payment and health care operations, disclosures about you to you, and disclosures incident to a permitted or required use and disclosure. This accounting is a list of the disclosures of medical information about you that we have made.

  To request this list of disclosures, you must submit your request in writing to the contact person/office first set forth above. A Request for Accounting of Disclosures Form for making your request will be provided upon request. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, contact the contact person/office first set forth above or visit our website.

- **Right to Notification of Unauthorized Use or Disclosure.** You have the right to receive written notification of any use or disclosure of your medical information that is not in accordance with this Notice of Privacy Practices and compromises the security or privacy of your medical information. We will provide notice as soon as reasonably possible, in accordance with applicable state regulation, but no later than 60 days after our discovery of the breach of the security or privacy of your medical information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at our Website and will mail a copy to you if there are any material changes to the notice. The Notice will contain on the first page, in the top center, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, submit the complaint in writing to:

Name: Privacy Office
Address: PO Box 472, Troy NY 12181
Telephone: 1-800-571-3366

All complaints must be submitted in writing. A Privacy Grievance Form to document your complaint will be provided upon request. Please contact the Privacy Office using the contact information at the beginning of this notice to request this form.

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/.

You will not be penalized for filing a complaint.