AURA EYE CENTER

PFLUGERVILLE, TEXAS

Notice of Privacy Practices

EFFECTIVE NOVEMBER 19, 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.

Aura Eye Center ("Aura," "we," "us") understands that information about your health is personal, and we are committed to protecting it. This Notice explains how we may use and share your protected health information ("PHI"), what rights you have, and what we are required to do. PHI is information about you, including demographic details, that identifies you and relates to your health, your care, or payment for your care. This Notice applies to our entire practice and to our staff, and it follows the federal HIPAA Privacy Rule and applicable Texas law.

Privacy Officer: Practice Administrator, Aura Eye Center
208 Grand Ave Parkway, Pflugerville, TX 78660 · (512) 885-2134 · info@auraeyecenter.com

How we may use and share your information

We use and share your PHI for the purposes below. Where we are allowed to do so, we generally do not need your written permission for these.

Treatment

We share your information within our care team and with other providers involved in your care. For example, we may record your exam findings, prescribe glasses, contact lenses or eye medications and send prescriptions to a pharmacy or optical lab, order or review imaging and tests, refer you to a specialist, or request records from a doctor you saw before us.

Payment

We use and share your information to bill and be paid for your care. For example, we may verify your vision or medical coverage, send claims and supporting records to your insurer or plan, determine eligibility and coverage, and collect unpaid balances, including through a billing service, collection agency or attorney.

Health care operations

We use and share your information to run our practice and improve our care. Examples include quality reviews, staff training and evaluation, licensing and accreditation, audits and compliance, business planning, resolving complaints, and arranging legal, accounting, software, storage and other support services.

Appointment reminders and practice communications

We may call, text, email or mail you to remind you of appointments, to follow up on your care, to tell you about treatment options, or to share health-related products and services we offer. We keep reminders brief and limit the details in them. Tell us if you prefer a different way of being contacted (see "Confidential communications" below).

Family, friends and others involved in your care

If you do not object, we may share relevant information with a family member, friend or other person you identify who is involved in your care or payment for it. If you are unable to agree or object, such as in an emergency, we may share information we believe is in your best interest. We may also share limited information to help notify or locate a family member, or to assist in disaster relief.

Business associates

Some services are provided for us by outside companies, such as billing, electronic health record, patient-communication, IT, cloud storage, and optical or laboratory vendors. We share only the information they need, and they must sign an agreement to protect it.

Other uses and disclosures that do not require your permission

The law allows or requires us to use or share your PHI without your permission in certain situations. Many of these may never apply to our practice. They include:

- **Required by law**, when federal, state or local law requires a disclosure.
- **Public health**, such as reporting diseases, injuries or vital events, and reporting product problems or recalls to the U.S. Food and Drug Administration.
- **Abuse, neglect or domestic violence**, reported to the proper authorities when the law requires or permits it.
- **Health oversight**, such as audits, inspections, licensing and investigations by government agencies, including Medicare and Medicaid.
- **Legal proceedings**, in response to a court or administrative order or, in some cases, a subpoena or similar request.
- **Law enforcement**, for limited purposes such as responding to a court order, identifying a suspect or missing person, reporting a crime on our premises, or reporting certain injuries.
- **Coroners, medical examiners and funeral directors**, and **organ and tissue donation** organizations.
- **Research**, when an approved review process has determined that your privacy is protected, or when the information has been de-identified or is a limited data set.
- **Serious threats**, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Specialized government functions**, such as military and veterans' activities, national security and intelligence, and protective services for public officials.
- **Workers' compensation**, as allowed by workers' compensation laws.
- **Incidental disclosures**, which can occur despite reasonable safeguards, such as a conversation overheard in a clinic area.

Some kinds of information receive extra protection under federal or Texas law, such as certain mental health records and substance use disorder treatment records. When a stricter law applies, we follow it.

Uses and disclosures that require your written authorization

We will use or share your PHI in the following ways only with your signed authorization:

- **Marketing.** We need your authorization before using your PHI for marketing communications, except for a face-to-face conversation with you or a promotional gift of nominal value. We do not accept payment from a third party to market its products to you using your PHI without your authorization.
- **Sale of PHI.** We will not sell your PHI, or receive payment in exchange for it, without your authorization.
- **Psychotherapy notes.** Most uses and disclosures of psychotherapy notes require your authorization. We do not expect to keep such notes in the ordinary course of eye care.
- **Anything else not described in this Notice.**

You do not have to sign an authorization, and we will not refuse treatment because you decline, unless the law allows it. If you sign one, you may revoke it at any time by sending us a written request. Revoking it does not undo anything we already did in reliance on it. We do not currently conduct fundraising. If that changes, we will tell you and you will have the right to opt out.

Your rights regarding your health information

To use any of these rights, send a written request to our Privacy Officer at the address or email above. Our front desk can help you complete the request.

Access to your records

You may look at and get a copy of the PHI we keep about you in your medical and billing records, in paper or, if you ask, in electronic form. If we keep your records electronically, you may request an electronic copy, and you may ask us to send a copy directly to another person you name in writing. We will respond within 30 days, and we may take one 30-day extension if we tell you why in writing. We may charge a reasonable, cost-based fee for copying, postage and preparing a summary. In a few cases we may deny access, and we will explain the reason in writing and, where the law allows, how to ask for a review.

Amendment

If you believe information in your record is incorrect or incomplete, you may ask us to amend it and give your reason. We will answer within 60 days, which we may extend once by 30 days with written notice. If we decline, we will explain why in writing, you may submit a statement of disagreement that we will attach to your record, and we will tell you how to complain.

Accounting of disclosures

You may ask for a list of certain disclosures of your PHI that we made in the six years before your request. The list does not include disclosures for treatment, payment or health care operations, disclosures to you or made with your authorization, and certain others. You may receive one list free in any 12-month period. We may charge a reasonable, cost-based fee for additional lists.

Requests for restrictions

You may ask us to limit how we use or share your PHI for treatment, payment or health care operations, or with family members or others involved in your care. We are not required to agree, and we may say no if the restriction could affect your care. We will honor a restriction we agree to, except in an emergency or when the law requires otherwise.

Self-pay restriction. If you pay for a service or item out of pocket and in full, you may ask us not to share information about that service with your health plan for payment or health care operations. We must agree to that request unless a law requires us to disclose the information.

Confidential communications

You may ask us to contact you in a certain way or at a certain place, such as at a work phone number, by mail to a different address, or by a different email address. We will not ask you why. We will accommodate reasonable requests.

A paper copy of this Notice

You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. Copies are available at our front desk, and the Notice is posted on our website at auraeyecenter.com.

Choosing someone to act for you

If you have given someone a medical power of attorney, or if someone is your legal guardian or otherwise has legal authority to act for you, that person may exercise your rights and make choices about your PHI. We will confirm that person's authority before we act on their request.

Notice of a breach

You have the right to be notified if there is a breach of your unsecured PHI. See "Our responsibilities" below.

Our responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We are required to give you this Notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.
- **Breach notification.** If a breach occurs that compromises the privacy or security of your unsecured PHI, we will notify you without unreasonable delay and no later than 60 days after we discover it. The notice will describe what happened, what information was involved, what you can do to protect yourself, and what we are doing in response. We also notify the U.S. Department of Health and Human Services and, when required, the media and Texas authorities.
- We will not use or share your PHI in ways other than those described here unless you give us written permission, which you may revoke at any time.

Changes to this Notice

We may change this Notice and the changes will apply to all PHI we already hold about you as well as information we receive in the future. The current Notice is always posted in our office and on our website, and you may ask for a copy at any time. The effective date appears on the first page.

Texas privacy law

Texas law, including the Texas Medical Records Privacy Act (Chapter 181 of the Texas Health and Safety Code, often called HB 300), protects your health information in some ways that go beyond federal law. In addition to everything above:

- **Notice of electronic disclosure.** Your PHI is subject to electronic disclosure. We keep records in an electronic health record system, and we may share your information electronically with other providers, your health plan, and our business associates for treatment, payment, health care operations and the other purposes described in this Notice. We do not sell your PHI.
- **Electronic copy of your record.** If we keep your records in an electronic health record, you may ask for an electronic copy, and we will provide it within 15 business days of your written request.
- **Staff training.** We train our employees about state and federal privacy law, including this Notice, in a way that fits their role and duties. Training is given when staff join us and is repeated as needed.
- **Marketing.** Texas law requires your authorization for marketing uses of your PHI, consistent with what is described above.

Questions and complaints

If you have questions about this Notice or believe we have violated your privacy rights, please contact our Privacy Officer. You may speak with us in person, call, or send a written complaint using the information below. We will look into it and respond.

Aura Eye Center — Privacy Officer (Practice Administrator)
208 Grand Ave Parkway, Pflugerville, TX 78660
Phone (512) 885-2134 · info@auraeyecenter.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/complaints. Complaints are generally due within 180 days of when you learned of the problem. You may also contact the Office of the Texas Attorney General at texasattorneygeneral.gov.

We will not retaliate against you in any way for filing a complaint. Your care will not be affected.

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