

NOTICE OF PRIVACY PRACTICES

JD Harris, PC DBA Beaverton Vision World

Effective Date: March 23, 2026

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

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

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no," for example, if it could affect your care.

- If you pay for a service or health care 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.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer listed at the end of this notice.
- 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/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
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Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Examples:

- Sharing your examination findings and prescription with an ophthalmologist for a referral
- Sending your eyeglass or contact lens prescription to optical laboratories or retailers
- Consulting with other eye care professionals about your vision care
- Coordinating care with your primary care physician or other specialists

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Examples:

- Using health information about you to manage your treatment and services
- Contacting you for appointment reminders
- Ordering contact lenses or eyeglass lenses on your behalf
- Improving our quality of care and patient services

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Examples:

- Submitting claims to your vision insurance or medical insurance plan
- Providing information about you to your health insurance plan so it will pay for your services
- Obtaining pre-authorization for services from your insurance company
- Verifying insurance eligibility and benefits

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement officer

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Special Protections for Substance Use Disorder Records

To the extent that we create, receive, maintain, or transmit patient records that contain information about substance use disorder (SUD) diagnosis, treatment, or referral for treatment, those records are subject to additional federal confidentiality protections under 42 CFR Part 2.

Enhanced protections for SUD records include:

- **Limits on use and disclosure:** We cannot use or share SUD records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena.
- **Redisclosure restrictions:** Recipients of SUD records from us will be notified that those records are protected by federal law and cannot be further disclosed except as specifically permitted by law.
- **Your rights:** You have additional rights regarding SUD records, including the right to request restrictions on their use and disclosure beyond what is described in this notice.

If you have questions about how we handle SUD records, please contact our Privacy Officer.

Important Notice About Redisclosure

Information disclosed by this practice may be redisclosed by the recipient and may no longer be protected under federal privacy law, unless another law applies. Once we share your health information with others, we cannot control how they use or share it. We make reasonable efforts to ensure that our business associates and other recipients protect your information, but you should be aware that information disclosed may be subject to further disclosure.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
 - We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
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Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at www.bvweyes.com.

Business Associates

We may share your health information with third-party service providers ("business associates") who perform services on our behalf. These may include:

- Billing and collection services
- Information technology and data storage vendors
- Optical laboratories that fill eyeglass prescriptions
- Contact lens manufacturers and suppliers
- Practice management and consulting services

We require all business associates to appropriately safeguard your health information.

Oregon State Law

Oregon law provides additional protections for certain types of health information. In cases where Oregon law provides greater privacy protections than federal HIPAA regulations, we will comply with Oregon law. If you have questions about Oregon-specific privacy protections, please contact our Privacy Officer.

Contact Information

Privacy Officer: Irene Olivieri-Harris

Address:

JD Harris, PC DBA Beaverton Vision World
11020 SW Beaverton Hillsdale Hwy, Beaverton, Oregon 97005

Phone: 503-526-9697 or 503-789-6720

Email: irene@bvweyes.com

Website: www.bvweyes.com

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Acknowledgment

By signing the separate Acknowledgment and Consent form, you acknowledge that you have been offered a copy of this Notice of Privacy Practices and have had the opportunity to review it.