



NOTICE OF PRIVACY PRACTICES AND PATIENT BILL OF RIGHTS

Effective Date: February 16, 2026

THE NOTICE OF PRIVACY PRACTICES AND PATIENT BILL OF RIGHTS DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION UNDER LAW AND, AS A PATIENT OF THIS CENTER, YOUR OTHER RIGHTS AND OBLIGATIONS. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Privacy Officer at: 75 Enterprise, Suite 200, Aliso Viejo, CA 92656.

Laser Eye Care of California, d/b/a NVISION Eye Centers ("NVISION," "We," "Us," and "Our") is committed to protecting the confidentiality of its patients' medical information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your medical information and your rights concerning your medical information. This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA").

OUR RESPONSIBILITIES

We are required to (i) maintain the privacy of your medical information as required by law; (ii) provide you with this Notice stating our legal duties and privacy practices with respect to your medical information; (iii) abide by the terms of this Notice; and (iv) notify you following a breach of your medical information that is not secured in accordance with certain security standards.

We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective for all medical information that we maintain. If we change the terms of this Notice, the revised Notice will be made available upon request and posted at our office. Copies of the current Notice may be obtained by contacting our Privacy Officer.

We are required by law to provide health coverage without discrimination on the basis of race, color, national origin, disability, sexual orientation, gender orientation, sex stereotypes, and pregnancy related conditions. If you believe you have been subjected to discrimination as prohibited by Section 1557 of the Affordable Care Act, you may file a grievance, or if you have any questions regarding our grievance procedures or your right to non-discrimination, you may contact NVISION's Privacy Officer at 866-204-3708.

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

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 an example. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose medical information fall within one of the categories.

Treatment: We may use and disclose your medical information to provide, coordinate and/or manage your treatment, health care, or, other related services. For example, we may disclose



medical information about you to your primary care doctor or another provider who is involved in your care. We may also use your medical information to remind you about an upcoming appointment.

Payment: We may use and disclose your medical information as needed to bill or obtain payment for the treatment and services provided. For example, we may contact your health plan to determine whether it will authorize payment for our services or to determine the amount of your co-payment or co-insurance.

Healthcare Operations: We may use or disclose your medical information in order to carry out our general business activities or certain business activities. These activities include, but are not limited to, training and education; quality assessment/improvement activities; risk management; claims management; legal consultation; licensing; and other business planning activities. For example, we may use your medical information to evaluate the quality of care we are providing.

Family and Friends: We may disclose your medical information to a family member or friend who is involved in your medical care or to someone who helps pay for your care. We may also use or disclose your medical information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care of your location, general condition or death. If you are a minor, we may release your medical information to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.

Third Parties: We may disclose your medical information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard your information. Examples of these third parties include, but are not limited to, accreditation agencies, management consultants, quality assurance reviewers, collection agencies, transcription services, etc.

Required by Law: We may use or disclose your medical information to the extent the use or disclosure is required by law. Any such use or disclosure will be made in compliance with the law and will be limited to what is required by the law.

Public Health Activities: We may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required by law to make the disclosure.

Health Oversight Activities: We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits;



investigations, proceedings or actions; inspections; and disciplinary actions; or other activities necessary for appropriate oversight of the health care system, government programs and compliance with applicable laws.

Law Enforcement: We may disclose your medical information to law enforcement in very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.

Judicial and Administrative Proceedings: We may disclose information about you in response to an order of a court or administrative tribunal as expressly authorized by such order.

To Avert a Serious Threat to Health or Safety: We may use or disclose your medical information when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat of harm.

Disaster Relief Efforts: We may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information consistent with applicable law to coroners, medical examiners and funeral directors only to the extent necessary to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation, only to the extent necessary to help facilitate organ or tissue donation or transplantation.

Research: Under certain circumstances, we may also use and disclose information about you for research purposes. All research projects are subject to a special approval process through an appropriate committee.

Workers' Compensation: We may disclose your medical information as authorized by law to comply with workers' compensation laws and other similar programs established by law.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Correctional Institutions: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.



OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION OR AN ATTESTATION

If we wish to use or disclose your medical information for a purpose not set forth in this Notice, we will seek your authorization. Specific examples of uses and disclosures of medical information requiring your authorization include: (i) most uses and disclosures of your medical information for marketing purposes; (ii) disclosures of your medical information that constitute the sale of your medical information; and (iii) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record). You may revoke authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.

We may not use or disclose your health information in response to a request associated with a civil, criminal, administrative, or legislative proceeding related to substance use disorder, treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, unless we receive your authorization or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. Part 2. For purposes of health information protected by 45 C.F.R. Part 2, if we obtain a court order authorizing the use or disclosure of such records or testimony, we must also obtain a subpoena or other legal requirement compelling disclosure before the request is completed.

YOUR MEDICAL INFORMATION RIGHTS

Inspect and/or obtain a copy of your medical information. You have the right to inspect and/or obtain a copy of your medical information maintained in a designated record set. If we maintain your medical information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your medical information, you must submit a written request to our Privacy Officer. If you request a copy (paper or electronic) of your medical information, we may charge you a reasonable, cost-based fee.

Request a restriction on certain uses and disclosures of your medical information. You have the right to ask us not to use or disclose any part of your medical information for purposes of treatment, payment or healthcare operations. While we will consider your request, we are only required to agree to restrict a disclosure to your health plan for purposes of payment or healthcare operations (but not for treatment) if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full. If we agree to a restriction, we will not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment. We will not agree to restrictions on medical information uses or disclosures that are legally required or necessary to administer our business. To request a restriction, you must submit a written request to our Privacy Officer.

Request confidential communications. You have the right to request that we communicate with you 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 communication of your medical information, you must submit a written request to our Privacy Officer stating how or when you would like to be contacted.



We will not require you to provide an explanation for your request. We will accommodate all reasonable requests.

Request an amendment to your medical information. If you believe that any information in your medical record is incorrect or if you believe important information is missing, you may request that we amend the existing information. To request such an amendment, you must submit a written request to our Privacy Officer.

Request an accounting of certain disclosures. You have the right to receive an accounting of certain disclosures we have made of your medical information. To request an accounting, you must submit a written request to our Privacy Officer. The first accounting you request within a 12-month period will be provided free of charge. We may charge you for any additional requests in that same 12-month period.

Obtain a paper copy of this Notice. You have the right to obtain a paper copy of this Notice upon request, even if you agreed to accept this Notice electronically. To obtain a paper copy of this Notice, contact our Privacy Officer.

STATE LAW

We will not use or share your information if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws protecting HIV/AIDS information or mental health information. If a state law applies to us and is stricter or places limits on the ways we can use or share your health information, we will follow the state law. If you would like to know more about any applicable state laws, please ask our Privacy Officer.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions or want more information about this Notice or how to exercise your medical information rights, you may contact our Privacy Officer by mail at: 75 Enterprise, Suite 200, Aliso Viejo, CA 92656.

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Office for Civil Rights: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or OCRComplaint@hhs.gov. **We will not retaliate against you for filing a complaint.**

Effective: [September 10, 2025]

AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge, or please speak to your provider's office to get more information.



Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.

Bill of Rights

We understand that your medical information is personal, and we are committed to protecting your medical information. While you are a patient at this Eye Center ("Center"), we create records of the care provided to you. We need these records to provide you with quality health care and to comply with certain legal requirements.



This Notice of Privacy Practices (the “Privacy Practices” or “Notice”) describe how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your medical information under law.

The Privacy Practices describe the privacy practices of this Center as well as our affiliated surgeons and optometrists (referred to as “we” throughout this Notice). We will share information with each other as necessary to carry out our respective treatment obligations, payment activities and health care operations.

The Center adopted the Bill of Rights because of our belief that respect for patients’ rights will enhance patients’ experiences and improve the results of the patients’ surgery. The Center used the American Hospital Association’s (“AHA”) Management Advisory, “A Patient’s Bill of Rights” approved by the AHA Board of Trustees on October 21, 1992, as the foundation for our Bill of Rights with the AHA’s support and encouragement.

The Center has a number of functions to perform, including the immediate and ongoing care of patients, the continuing education of health care professionals, patients, and the community, and basic clinical research. All of these activities must be conducted with an overriding concern for the values and dignities of our patients.

Privacy Practices

Your Rights Although the records containing your medical information are the physical property of this Center, the information belongs to you. By law, you have the right to:

1. Inspect and copy your medical information. Generally, we will respond to your request within 30 days but, under certain circumstances, we may deny your request.
2. Request a restriction on certain uses and disclosures of your medical information; however, we are not required to always agree to a requested restriction.
3. Request that we communicate with you by using alternative means or at an alternative location.
4. Request an amendment of your medical information, if you believe it is inaccurate; however, we may deny your request for amendment if we believe your medical information is accurate or for various other reasons.
5. Request an accounting of certain disclosures we have made, if any, of your medical information.
6. Revoke any authorization you have provided to use or disclose your medical information except to the extent that action has already been taken in reliance on such authorization.
7. Obtain a paper copy of this Notice upon request.

Our Responsibilities



We are required to:

1. Maintain the privacy of your medical information.
2. Provide you with a copy of our Privacy Practices with respect to your medical information.
3. Notify you in the event of a breach of your medical information.
4. Abide by the terms of the Privacy Practices.

Examples of Permitted Disclosure of Medical Information by this Center

The following are examples of the types of uses and disclosures of your medical information that are permitted (these examples are not meant to be exhaustive).

Treatment. We may use and disclose your medical information to provide, coordinate, or manage your health care and related services. For example, we may disclose your medical information to the doctors and technicians that care for you while you are undergoing surgery or an optometrist that cares for you after surgery to ensure that they have the necessary information to treat you.

Payment. Your medical information may be disclosed, as needed, to obtain payment from your insurance company or other person responsible for payment for your health care services. For example, we may disclose your medical information to an insurance company so that it can determine your eligibility or coverage for insurance benefits.

Health Care Operations. We may use or disclose your medical information for our internal operations, which include activities necessary to operate this Center and provide our patients with high quality patient care. For example, we may use your medical information for quality improvement purposes to evaluate the care provided to you. We may also use a sign-in sheet at the reception desk asking for your name or call you by name in the waiting area. We may use your medical information to contact you to remind you of appointments, tell you about or recommend possible treatment options or alternatives that may be of interest to you, or inform you about other health related benefits and services that may be of interest to you.

De-Identified Information: We may use your PHI to create “de-identified” information, which means that information that can be used to identify you will be removed. There are specific rules under the law about what type of information needs to be removed before information is considered de-identified. Once information has been de-identified as required by law, it is no longer subject to this Notice, and we may use it for any purpose without any further notice or compensation to you.

Other Permitted Uses and Disclosures

1. Unless you object, our staff and the optometrist and surgeons caring for you may disclose your medical information to a family member, relative, close personal friend, or other person that you identify.



2. Unless you object, our staff or the optometrist and surgeons caring for you may disclose your name, treatment date, and contact information to a local, partnering optometrist who may prompt you with an annual appointment reminder to facilitate follow up care.
3. We may be required by law to disclose your medical information.
4. We will make your medical information available to you, the Secretary of the Department of Health and Human Services, and as otherwise required by Federal and State law.
5. We may disclose your medical information to a public health agency to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies or equipment that we use.
6. We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
7. We may disclose your medical information as authorized by law to comply with workers' compensation laws.
8. We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful process.
9. We may disclose your medical information to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
10. We may use or disclose your medical information for research purposes when the research received approval of an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.
11. If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veteran's benefits, for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
12. We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
13. We may disclose your medical information to people involved with obtaining, storing or transporting organs, eyes, or tissue of cadavers for donation purposes.
14. We may share your medical information with third party "business associates" that perform various services for us. For example, we may disclose your medical information to third parties to provide billing or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.

Authorization Required



Authorization. For services and disclosures of your medical information beyond the uses and disclosures described in the Privacy Practices or as authorized or required by law, we are required to obtain your written authorization. You may revoke an authorization in writing at any time to stop future use or disclosures by us with certain limited exceptions.

Bill of Rights

Your Rights and Our Responsibilities

You have a right to:

1. Considerate and respectful care.
2. Obtain your health care professionals and other direct providers of patient care services relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
3. Know the identity of your care professionals, and others involved in their care and their credentials, as well as when those care providers are students, residents, or other trainees.
4. Know the immediate and long-term financial implications of treatment choices, if known.
5. Make decisions about the plan of care prior to and during the course of treatment.
6. Refuse a recommended treatment or plan of care to the extent permitted by law and standard operating procedures of the Center and to be informed of the consequences of this action. In case of such refusal, you are entitled to other appropriate care and services that the Center provides or transfer to another provider of health care services. The Center should notify you of any policy that might affect patient choice.
7. Have the information contained in your record explained or interpreted as necessary, except where restricted by law.
8. Expect that, within its capacity and policies, the Center will, within reason, respond to your request for appropriate health care services. The Center must provide evaluation, service, and/or referral appropriate to your condition. When clinically appropriate and legally permissible, or at your request, your care may be transferred to another health care professional, provided the health care professional has accepted your transfer.
9. Ask for and be informed of the existence of business relationships among the Center, manufacturers of products and services, educational institutions, other health care professionals, and/or payers, if any, that might influence your treatment and care.
10. Consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. If you decline to participate in research or experimentation, you are entitled to the most effective care that the Center can otherwise provide.



11. Expect reasonable continuity of care when appropriate and to be informed by your health care professionals and others participating in your care of available and realistic patient care options when care within the Center is no longer appropriate.
12. Be informed of the policies and practices of the Center to relate to your care and the responsibilities of providers of health care services.
13. Be informed of available resources for resolving disputes, grievances, and conflicts.
14. Be informed of the fees for services provided by your health care professionals and the Center.

Your Responsibilities

The collaborative nature of health care requires that a patient (and their family members/guardian and/or Personal Representative) participate in their care. The effectiveness of care and patient satisfaction depends, in part, on the patient fulfilling certain responsibilities. You are responsible for providing information about past illnesses, hospitalization, medications, and other matters related to your health. To participate effectively in decision-making, you must take responsibility for requesting additional information or clarification about your condition or treatment when you do not fully understand information and/or instructions. You are also responsible for informing your health care professionals if you anticipate problems following the prescribed treatment or post-operative care.

You should be aware of the Center's obligation to be reasonable, efficient and equitable in providing care to other patients and the community; the Center's policies and standard operating procedures are designed to fulfill this obligation. You are responsible for making reasonable accommodations for the needs of other patients, the professional staff and employees of the Center. You are responsible for providing necessary information for insurance claims and working with the Center to make payment arrangements, when necessary.

Your vision depends on much more than the health care you receive at the Center. As a result, you are responsible for recognizing the impact of your lifestyle on the health of your eyes and vision.

Changes to this Notice

By law, we must abide by the terms of the Privacy Practices; however, we reserve the right to change our Privacy Practices. If we revise this Notice, the new Notice will be effective for all the medical information we maintain. Any new Notices will be available by accessing the website, www.nvisioncenters.com, requesting that a copy be sent to you in the mail, or asking for a copy at the time of your next appointment or visit.

Personal Representative

Your Personal Representative may exercise your rights on your behalf. A Personal Representative may include your guardian if you are a minor, lack decision-making capacity or are legally incompetent, or a person you have authorized to act on your behalf as specified in a written document (such as a power of attorney).



For More Information or to Report a Complaint

If you have questions or would like more information about this notice, you may contact the Privacy Officer at 75 Enterprise, Suite 200, Aliso Viejo, CA 92656.

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Effective Date: April 14, 2003.

Date Revised: February 16, 2026