

## NOTICE OF PRIVACY PRACTICES (HIPAA)

**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.**

**Effective Date:** 3/10/2026

### Our Commitment to Your Privacy

Eagle Rock Eyecare LLC is committed to protecting the privacy of your protected health information ("PHI"). We are required by law to maintain the privacy of your PHI, provide you with this Notice, and follow the terms of this Notice currently in effect.

### How We May Use and Disclose Your Health Information

We may use and disclose your PHI for:

**Treatment:** To provide and coordinate your eye care.

**Payment:** To bill and collect payment from you or your insurance.

**Healthcare Operations:** For quality improvement, staff training, licensing, and auditing.

### Other Permitted or Required Disclosures

As required by law, public health activities, health oversight, judicial proceedings, law enforcement, to prevent serious threats, and for workers' compensation.

### Uses Requiring Authorization

Marketing, sale of information, or any other use not listed requires your written authorization, which you may revoke.

### Your Rights

You have the right to inspect, copy, amend, request restrictions, confidential communications, accounting of disclosures, and a paper copy of this notice.

### Our Responsibilities

We will protect your PHI, notify you of breaches, and comply with this Notice.

### Complaints

Eagle Rock Eyecare LLC  
Address: PO Box 333, West Orange, NJ 07052  
Phone: 973-559-7903

You may also complain to the U.S. Department of Health and Human Services.

## PATIENT ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received and reviewed the Notice of Privacy Practices of Eagle Rock Eyecare LLC.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_