EVERGREEN
Vision Clinic, PC

30960 Stagecoach Blvd Suite 200
Evergreen, CO 80439

Phone: (303) 674-4143
evergreenvision.com

NOTICE OF PRIVACY PRACTICES

Effective Date: October 7, 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.

At Evergreen Vision Clinic, PC, we are required by law to maintain the privacy of your medical information, to provide you with this notice of our legal duties and privacy practices, and to follow the terms of this notice currently in effect.

HOW WE MAY USE OR DISCLOSE YOUR INFORMATION

Treatment. We may use or disclose your health information to provide, coordinate, or manage your healthcare and related services. For example, we may share your information with a specialist involved in your care.

Payment. We may use or disclose your health information to bill and collect payment for the services we provide. For example, we may send information about your care to your health insurance company or workers' compensation carrier. You have the right to request, in writing, that we not share health information with your health plan for services you have paid for out of pocket in full, and we are required to honor that request.

Healthcare Operations. We may use or disclose your health information for our normal business operations. For example, we may use your information to evaluate the quality of care you received or to train our staff.

Business Associates. We may share your health information with third parties, such as billing services, that perform functions on our behalf. We require each business associate to protect your information through a written contract.

Appointment Reminders and Communications. We may contact you by telephone, text message, email, or mail to remind you of appointments, provide care-related updates, or send health information relevant to your treatment, using the contact information you have provided. If you are not available, we may leave a message. Provided we do not receive any payment for making these communications, we may use your information to send you health-related information by email. We will never sell your information to a third party for that party's own use, or use it for fundraising, without your written authorization.

Marketing. We will obtain your written authorization before using or disclosing your health information for marketing purposes, except for face-to-face communications with you or a communication involving a promotional gift of nominal value.

Required by Law. We may use or disclose your health information when required to do so by federal, state, or local law.

Public Health Activities. We may disclose your health information to public health authorities for activities such as preventing or controlling disease, reporting births and deaths, or reporting reactions to medications.

Abuse, Neglect, and Domestic Violence. We may disclose your health information to appropriate authorities to report suspected abuse, neglect, or domestic violence as required or permitted by law.

Health Oversight Activities. We may disclose your health information to health oversight agencies for activities authorized by law, such as audits, inspections, and licensure.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court order, administrative order, subpoena, discovery request, or other lawful legal process.

Law Enforcement. We may disclose your health information to law enforcement officials for purposes permitted by law, such as reporting certain types of wounds or identifying a suspect or missing person.

Serious Threat to Health or Safety. We may use or disclose your health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Organ and Tissue Donation. We may share your health information with organ procurement organizations or similar entities to facilitate organ, eye, or tissue donation and transplantation.

Funeral Directors and Coroners. We may disclose your health information to funeral directors or coroners as necessary to carry out their legal duties.

Military, National Security, and Government Programs. We may disclose your health information to military authorities, national security agencies, or correctional institutions as required by law.

Workers' Compensation. We may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation and similar programs.

Emergencies and Disasters. We may disclose your health information to a family member, personal representative, or disaster relief organization in the event of an emergency or disaster to coordinate care or locate family members.

Research. We may disclose your health information to researchers when an institutional review board or privacy board has approved the research and waived the requirement for your authorization, in compliance with governing law.

Sale of Practice. If this practice is sold, your health information may become the property of the new owner.

Use of Artificial Intelligence Documentation Technology. We use an AI-assisted ambient documentation tool to support the creation of clinical visit notes. This tool records conversations between you and your provider, converts the recording to a transcript, and suggests note content that a licensed provider reviews and approves before it is placed in your medical record. Recordings are deleted after processing. Identifiable transcripts are retained for up to 90 days and then de-identified. This service is provided by Modernizing Medicine, Inc. as our Business Associate. Modernizing Medicine uses third-party AI platforms — including Llama (Meta) and OpenAI — as subprocessors in providing this service. De-identified information may be used to improve the AI tool. The specific technology providers used by Modernizing Medicine may change over time; current information is available from our Privacy Officer. Questions about this practice may be directed to our Privacy Officer at compliance@panoramaeyecare.com.

Except as described above, we will not use or disclose your health information without your prior written authorization. You may revoke any authorization you have given us in writing at any time, except to the extent we have already acted on it.

YOUR RIGHTS

Right to Request Restrictions. You may request that we limit how we use or disclose your health information by submitting a written request specifying the requested limitation. We reserve the right to accept or reject most requests and will notify you of our decision. However, we are required by law to honor your request to restrict disclosure of health information to a health plan when you have paid for the service out of pocket in full, as long as the disclosure is not otherwise required by law.

Right to Confidential Communications. You may request that we communicate with you about your health information in a specific way or at a specific location — for example, by mail only or at an alternate address. We will honor all reasonable written requests.

Right to Access Your Records. You have the right to inspect and obtain a copy of your health information, including an electronic copy, with limited exceptions. Please submit a written request to our Privacy Officer. We may charge a reasonable cost-based fee for copies.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we have made of your health information. Contact our Privacy Officer in writing to request an accounting.

Right to Amend. You may request that we correct or update your health information if you believe it is inaccurate or incomplete. Submit your request in writing with the reasons for the amendment. If we deny your request, we will explain our reasons in writing.

Right to a Copy of This Notice. You have the right to receive a paper or electronic copy of this notice at any time. We will also provide it in alternative formats and languages upon request to ensure accessibility for all patients.

Breach Notification. If there is a breach of your unsecured health information, we will notify you as required by law.

CONTACT AND COMPLAINTS

If you have questions about this notice, would like to exercise any of the rights described above, or wish to file a complaint about how we have handled your health information, please contact our Privacy Officer:

Email: compliance@panoramaeyecare.com

Phone: (970) 825-7710

You may also file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr. You do not need to contact us before filing a complaint with OCR. We will not retaliate against you in any way for filing a complaint.

OUR DUTIES AND AMENDMENTS TO THIS NOTICE

We are required by law to maintain the privacy of your medical information, to provide you with notice of our privacy practices and legal duties, and to notify you following a breach of unsecured health information. We are required to abide by the terms of the notice currently in effect. We reserve the right to amend this notice at any time. Any revised notice will apply to all health information we maintain, regardless of when it was created or received. Revised notices will be posted in our offices and on our website and made available upon request.