# NOTICE OF PRIVACY PRACTICES

**Effective Date:** 08/01/2026

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## Our Commitment to Your Privacy

At **Berg Eye Group**, we understand that your medical information is personal. We are committed to protecting your health information and complying with all applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

This Notice explains how we may use and disclose your protected health information (PHI), your rights regarding your medical information, and our legal responsibilities.

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# How We May Use and Disclose Your Health Information

### Treatment

We may use or disclose your health information to provide, coordinate, or manage your eye care.

Examples include:

- Sharing information with your primary care physician or another specialist.
- Referring you to another healthcare provider.
- Discussing test results with physicians involved in your care.
- Coordinating cataract surgery, retinal treatment, glaucoma care, or other ophthalmic procedures.

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## Payment

We may use your health information to bill and receive payment for services.

Examples include:

- Filing insurance claims.
- Obtaining prior authorization.
- Billing Medicare, Medicaid, or commercial insurance.
- Collecting payment from responsible parties.

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## Healthcare Operations

We may use your health information for routine business operations, including:

- Quality assessment
- Staff training
- Credentialing
- Licensing
- Accreditation
- Compliance reviews
- Business management
- Internal audits
- Customer service
- Appointment scheduling

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## Appointment Reminders

We may contact you by:

- Telephone
- Voicemail
- Text message
- Email
- Patient portal
- Mail

to remind you about appointments or follow-up care.

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## Treatment Alternatives and Health-Related Benefits

We may contact you about:

- Follow-up examinations
- Annual diabetic eye exams
- Glaucoma monitoring
- Surgical follow-up
- New services that may benefit your vision care

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## Individuals Involved in Your Care

Unless you object, we may discuss your care with family members, caregivers, or others involved in your healthcare or payment.

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## Business Associates

We may share information with companies that perform services for us, such as:

- Electronic health record vendors
- Billing companies
- Collection agencies
- IT providers
- Transcription services

These organizations are required to protect your information.

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## As Required by Law

We may disclose your information when required by federal, state, or local law.

Examples include:

- Court orders
- Public health reporting
- Abuse or neglect investigations
- Law enforcement requests
- National security purposes
- Workers' compensation claims

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## Public Health Activities

We may disclose information to:

- Report communicable diseases
- Report adverse reactions to medications

- Prevent or control disease
- Report product recalls

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### Health Oversight Activities

We may disclose information to government agencies responsible for healthcare oversight, audits, investigations, inspections, or licensure.

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### Research

Your information may be used for approved research when permitted by law and appropriate privacy protections are in place.

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### Organ and Tissue Donation

If applicable, we may disclose information to organizations involved in organ or tissue donation.

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### Serious Threat to Health or Safety

We may disclose information when necessary to prevent a serious threat to your health or the health and safety of others.

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## Uses That Require Your Written Authorization

We will obtain your written authorization before:

- Using or disclosing psychotherapy notes (when applicable)
- Most marketing communications
- Selling your health information
- Any other use not described in this NoticeYou may revoke your authorization at any time in writing unless we have already acted upon it.

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## Your Rights Regarding Your Health Information

You have the right to:

## Inspect and Obtain Copies

You may inspect and request copies of your medical records and billing records.

Reasonable fees may apply.

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## Request Amendments

If you believe your medical information is incorrect or incomplete, you may request an amendment.

We may deny your request under certain circumstances but will provide a written explanation.

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## Request Restrictions

You may request restrictions on certain uses or disclosures.

While we are not required to agree to every request, we will comply when required by law.

If you pay in full out-of-pocket for a service, you may request that we not disclose that information to your health plan, and we will honor that request unless disclosure is required by law.

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## Request Confidential Communications

You may request that we contact you:

- At a different address
- By a different phone number
- By alternative methods

We will accommodate reasonable requests.

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## Receive an Accounting of Disclosures

You may request a list of certain disclosures we have made of your health information that were not for treatment, payment, healthcare operations, or certain other permitted purposes.

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### Receive a Paper Copy

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

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## Our Responsibilities

We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice.
- Follow the terms of this Notice.
- Notify you if a breach compromises the privacy or security of your protected health information.
- Obtain your authorization when required.

We reserve the right to revise this Notice. Any revised Notice will apply to all information we maintain and will be available in our office and on our website.

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## Complaints

If you believe your privacy rights have been violated, you may file a complaint with us.

**Privacy Officer**

Practice Name: Berg Eye Group

Address: 2709 Meredyth Drive, Suite 110, Albany, GA 31707

Phone: 229.432.7012

Email: privacybergeye@gmail.com

website: www.bergeye.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be retaliated against for filing a complaint.

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## Patient Acknowledgment of Receipt

I acknowledge that I have been offered a copy of the Notice of Privacy Practices for **Berg Eye Group**.

**Patient Name:** _____

**Signature:** _____

**Date:** _____

**If signed by personal representative:**

Representative Name: _____

Relationship to Patient: _____