



# Notice of Privacy Practices

**Your information. Your Rights.  
Our Responsibilities.**

This notice describes how your medical information may be used and disclosed;  
and how you can access this information.  
Please review it carefully.

## **YOUR RIGHTS**

### **YOU HAVE THE RIGHT TO**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## **YOUR CHOICES**

### **YOU CAN CHOOSE THE WAYS WE USE AND SHARE INFORMATION WHEN**

- Telling family or emergency contacts about your condition
- Providing disaster relief
- Including you in a hospital directory
- Providing mental health care
- Marketing our services and selling your information
- Raising funds

## **OUR USES & DISCLOSURES**

### **WE MAY USE AND SHARE YOUR INFORMATION AS WE**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## 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 here 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.
- Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.
- In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## 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 web site.

**EFFECTIVE DATE: 02/12/2026**

**THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS.**

**PEEK TO PEAK VISION & BOUTIQUE**

**FOR QUESTIONS, CONTACT JACINTA OLSON AT [TEAM@PEEKEYES.COM](mailto:TEAM@PEEKEYES.COM)  
OR 303-381-0337**