Retina Macula Specialists, PLLC
660 Shoreview Avenue, Winter Park, FL 32789
100 Park Pl Blvd, Ste 202, Kissimmee, FL 34741
407-931-1510

HIPAA Notice of Privacy Practices

Effective date: November 11, 2026 · Also at rmseye.com/notice-of-privacy-practices/

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.

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting our Privacy Officer at 407-931-1510 or 100 Park Pl Blvd, Ste 202, Kissimmee, FL 34741. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising: we do not contact our patients for fundraising. If that ever changed, you could tell us not to contact you again.

Our uses and disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- **Treat you.** We can use your health information and share it with other professionals who are treating you. *Example: your primary care doctor or endocrinologist asks us about your diabetic retinopathy findings.*
- **Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: we use your information to manage your treatment schedule and send appointment reminders.*
- **Bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. *Example: we give information about your injection treatments to Medicare or your insurer so it will pay for them.*

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Help with public health and safety issues.** We can share health information about you for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.
- **Do research.** We can use or share your information for health research, subject to legal safeguards.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance use disorder treatment records

If we receive or maintain records about you from a federally assisted substance use disorder treatment program ("Part 2 records," protected by 42 CFR Part 2), those records have additional protections:

- We will not use or disclose Part 2 records, or testimony about their contents, in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give specific written consent or a court issues an order that meets Part 2 requirements, accompanied by a subpoena. This applies regardless of any other use or disclosure described in this notice.
- If you have given a single consent for treatment, payment, and health care operations, we may use and disclose Part 2 records for those purposes as permitted by HIPAA. Information disclosed under HIPAA may be redisclosed by the recipient and may no longer be protected by the HIPAA Privacy Rule, although the restriction on use in proceedings against you continues to apply.
- Uses and disclosures that are prohibited or more limited under Part 2 will follow the stricter rule.

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.
- Florida law gives some information extra protection, including the confidentiality of patient records (section 456.057, Florida Statutes) and HIV test results (section 381.004, Florida Statutes). When state law is stricter than HIPAA, we follow the stricter law.

For more information see 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 offices, and on our website.

Contact

Privacy Officer
Retina Macula Specialists, PLLC
100 Park Pl Blvd, Ste 202, Kissimmee, FL 34741
407-931-1510

Language assistance services and auxiliary aids and services are available to you free of charge. Call 407-931-1510 (TTY: 711). See our Notice of Nondiscrimination and Language Assistance.

Language assistance

This notice is available in other languages and formats free of charge. See also our Notice of Nondiscrimination and Language Assistance.

ENGLISH

ATTENTION: If you speak 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. Call 407-931-1510 (TTY: 711) or speak to your provider.

ESPAÑOL (SPANISH)

ATENCIÓN: 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. Llame al 407-931-1510 (TTY: 711) o hable con su proveedor.

KREYÒL AYISYEN (HAITIAN CREOLE)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 407-931-1510 (TTY: 711) oswa pale avèk founisè w la.

TIẾNG VIỆT (VIETNAMESE)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 407-931-1510 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

PORTUGUÊS (PORTUGUESE)

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 407-931-1510 (TTY: 711) ou fale com seu provedor.

中文 (CHINESE)

注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 407-931-1510（TTY：711）或與您的提供者討論。

FRANÇAIS (FRENCH)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 407-931-1510 (TTY : 711) ou parlez à votre fournisseur.

TAGALOG

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 407-931-1510 (TTY: 711) o makipag-usap sa iyong provider.

РУССКИЙ (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 407-931-1510 (TTY: 711) или обратитесь к своему поставщику услуг.

العربية (ARABIC)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 407-931-1510 (TTY: 711) أو تحدث إلى مقدم الخدمة.

ITALIANO (ITALIAN)

ATTENZIONE: se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 407-931-1510 (TTY: 711) o parla con il tuo fornitore.

DEUTSCH (GERMAN)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 407-931-1510 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

한국어 (KOREAN)

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 407-931-1510 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

POLSKI (POLISH)

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 407-931-1510 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

ગુજરાતી (GUJARATI)

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 407-931-1510 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

ไทย (THAI)

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 407-931-1510 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ