

Envision Dallas Vision Rehabilitation Center

1801 Valley View Lane, Farmers Branch, TX 75234

316-440-1507 (ph) 316-440-1675 (fx)

Jessica.Clarke@envisionus.com (email)

www.envisionus.com/dallasrehab

Your Information. Your Rights. Our Responsibilities.

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

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 have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and 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

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 us using the information on the last page of this notice.
- You can 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
- Include your information in a hospital directory

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

In the case of fundraising:

- We may contact you for fundraising efforts, but you can 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: A doctor treating you for an injury asks another doctor about your overall health condition.

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 health information about you to manage your treatment and services.

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 you to your health insurance plan so it will pay for your services.

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
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

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
- 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.

On Your Authorization

Other than the uses and disclosures of your protected health information that are permitted or required by law, we may not use or disclose your protected health information unless you authorize us to do so by completing a written authorization. Once we disclose your health information based on your authorization or as legally permitted under state and federal law as described in this notice, the disclosed health information may no longer be protected and may be re-disclosed by the recipient without your knowledge or authorization.

Additional Privacy for Substance Use Disorder (SUD) Treatment

Federal law (42 C.F.R. Part 2) protects the confidentiality of substance use disorder information, and these protections are now more consistent with HIPAA. Although we are not a substance use treatment program (SUD Program operating under the 42 C.F.R. Part 2 regulations), we may receive

information from a SUD Program about your treatment. We may not disclose this information so that it can be used in a civil, criminal, administrative, or legislative proceeding against you unless: (1) we have your written consent; or (2) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

Substance use disorder counseling notes have enhanced confidentiality protections similar to psychotherapy notes under HIPAA and generally require specific written authorization for disclosure, unless the law permits otherwise. In all other situations, we will follow our privacy practices regarding the disclosure of substance use disorder information as stated in this Notice.

In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Other Federal and State Laws

Other federal and state laws may provide privacy protections in addition to HIPAA for certain diagnoses. This includes information related to alcohol and substance use, genetics, mental health, HIV/AIDS, or minors' information. We will follow the more stringent law, where it applies to us.

Required Notice Under the Texas Health and Safety Code (HB 300)

Electronic Disclosure Notice

Because we gather, store, and electronically transmit medical records (protected health information), we are required to post a notice to individuals that their protected health information is subject to electronic disclosure. We cannot electronically disclose an individual's protected health information to any person without a separate authorization from the individual **except** if the disclosure: is made to another covered entity (as the term is defined in Texas Health & Safety Code, Sec. 181.001 or Insurance Code, Sec. 602.001), for the purpose of treatment; payment; health care

operations; performing an insurance or health maintenance organization function described in Insurance Code, Sec. 602.053; or as otherwise authorized or required by state or federal law. In other words, no written authorization is required for electronic disclosures to other health care providers, insurance companies, or governmental agencies.

To the extent an authorization is required, the authorization for disclosure may be made in written or electronic format or in oral form if it is documented in writing by us.

15-Day Access Rule; Fees for Records

Texas law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information be made in writing. However, if you are not able to submit a request in writing, we will take reasonable steps to make sure the request can be made by other means. Texas law requires that we provide copies of information maintained in our electronic health record within 15 business days of your request.

HIPAA permits us to charge a reasonable, cost-based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. The *lower* of the fee permitted by HIPAA or the TSBME will be charged.

Right to File Consumer Complaint with Texas Attorney General

Pursuant to Texas Health & Safety Code, Sec. 181.103, an individual has the right to file a complaint with the Texas Attorney General if the individual believes his/her rights under the Medical Records Privacy Act have been violated. Information on how to file a complaint and Texas agencies that may regulate us is available on the Texas Attorney General website at <https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint/consumer-privacy-rights/medical-privacy>.

Marketing

We must obtain clear and unambiguous permission in written or electronic form to use or disclose protected health information for any marketing communications, except if the communication is:

- In the form of a face-to-face communication made by us to you
- In the form of a promotional gift of nominal value provided by us
- Necessary for the administration of a patient assistance program or other prescription drug savings or discount program
- Made at your oral request

If we use or disclose protected health information to send a written marketing communication through the mail, the communication must be sent in an envelope showing only the names and addresses of sender and recipient and must:

- State the name and toll-free number of the entity sending the marketing communication
- Explain the recipient's right to have the recipient's name removed from the senders' mailing list

If we receive a request to remove you from our mailing list, we will remove your name no later than the 45th day after we receive the request.

Changes to the Terms of this Notice; Effective Date of 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.

This Notice of Privacy Practices is effective as of **February 16, 2026**.

Privacy Officer Contact Information

Envision Privacy Officer
Jessica Clarke, Vice President, Foundation Mission Services Operations
610 N. Main St., 2nd Floor
Wichita, KS 67203
Jessica.Clarke@envionus.com
316-440-1507

This Notice of Privacy Practices applies to the following organizations.

Envision, Inc, Envision Industries, Envision Vision Rehabilitation Center, Envision Foundation, Envision Dallas, and all entities associated with Envision, Inc., contractors, and business partnerships.