ROYAL OPTIX INC.

HIPAA NOTICE OF PRIVACY PRACTICES

Effective date: November 9, 2026 | **Phone:** (718) 836-8600 | **Website:** royaloptix.com

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.

1. Our Commitment to Privacy

Royal Optix Inc. protects your protected health information (PHI), including eye examination findings, medical histories, diagnoses, prescriptions, treatment records, insurance and billing information. We must maintain the privacy of PHI, provide this notice, follow its terms, and notify affected individuals of breaches of unsecured PHI as required by law.

2. How We May Use and Disclose Your Information

Treatment: To provide eye care and coordinate with other providers, laboratories, pharmacies, and specialists. **Payment:** To verify coverage, submit claims, and obtain payment. **Health care operations:** For quality assurance, staff training, audits, compliance, and practice administration.

Other legally permitted or required purposes: Certain public health, oversight, legal, law enforcement, workers' compensation, and safety activities, subject to applicable limits. We may disclose PHI to business associates under appropriate agreements.

Appointments and care communications: We may contact you about appointments, follow-up visits, eyewear orders, prescriptions, and treatment-related services. We may discuss treatment alternatives and health-related benefits as HIPAA permits.

3. Uses Requiring Authorization

We generally obtain written authorization for uses and disclosures not otherwise permitted or required by law, including most HIPAA-defined marketing, sale of PHI, and most uses of psychotherapy notes, if applicable. You may revoke an authorization in writing, except where we have already acted in reliance on it.

4. Your Rights

You may request access to or a copy of your health records; request an amendment; request confidential communications by alternative means or at an alternative location; request restrictions on certain uses or disclosures; request an accounting of certain disclosures; and obtain a paper copy of this notice. We generally must honor a qualifying request not to disclose information to a health plan for an item or service paid in full out of pocket, where HIPAA requires it. You may designate a legally authorized personal representative. Requests are handled within applicable legal time limits.

You also have the right to raise a privacy complaint with Royal Optix or the U.S. Department of Health and Human Services without retaliation.

5. Information Subject to Additional Protections

Some information may have additional protections under federal or New York law. Where Royal Optix maintains records subject to 42 CFR Part 2, special consent and disclosure rules apply. Such records generally cannot be used or disclosed in proceedings against a patient without the required consent or qualifying court order and legal process. When applicable, certain Part 2 information may be redisclosed as HIPAA permits after a valid consent for treatment, payment, or health care operations, subject to Part 2 limitations.

6. Telephone, Email, and Text Communications

We may communicate using the contact information you provide for permitted health care purposes. Promotional communications are subject to applicable privacy and communications laws and required consents. You may opt out of promotional texts by replying STOP. Opting out of promotions does not necessarily stop necessary care-related communications.

7. Our Responsibilities and Changes to This Notice

We use appropriate administrative, physical, and technical safeguards to protect PHI. We may revise this notice and make revised terms applicable to PHI we maintain as permitted by law. The current notice will be available at our office and on our website.

8. Privacy Contact

Royal Optix Inc. — Privacy Officer
Bay Ridge, Brooklyn, New York
Telephone: (718) 836-8600
Website: royaloptix.com

PATIENT ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have been offered or received a copy of Royal Optix Inc.'s Notice of Privacy Practices. Signing acknowledges receipt or availability of the notice; it does not waive any privacy rights.

Patient name: _____

Patient / representative signature: _____

Date: _____ **Representative relationship (if applicable):** _____

For office use if acknowledgment cannot be obtained: Reason: _____