NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

Practice: Mitchell S. Shulkin, OD formerly North County Optometry (NCO)

Effective Date: 1/1/2027

Privacy Contact: Mitchell S. Shulkin, OD

Telephone: 858-674-1276

Email: northcountyoptometry@gmail.com

Location Where NCO Records Are Maintained:

David Bloomberg, OD

Poway Vision Care

13035 Pomerado Rd, Ste C

Poway, CA 92064

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

YOUR RIGHTS

When it comes to your health information, you have the right to:

- Get a copy of your records. You may request an electronic or paper copy of your optometry and health records.
- Ask us to correct your records. You may request a correction if you believe information is inaccurate or incomplete.
- Request confidential communications. You may ask us to contact you in a particular way or at a particular address.
- Ask us to limit what we use or share. You may request restrictions on certain uses or disclosures. We are not always required to agree.
- Get a list of certain disclosures. You may request an accounting of certain disclosures of your health information.
- Get a copy of this notice. You may request a paper copy at any time.
- Choose someone to act for you. A person with appropriate legal authority may exercise your rights.
- File a complaint. You may complain to us or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

To exercise these rights, contact our Privacy Contact using the information listed above.

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share. For example, you may tell us whether we may share relevant information with a family member or friend involved in your care or payment for your care. We will follow your instructions when the law requires us to do so. If you are unable to communicate your preference, we may share information when permitted by law and when we believe it is in your best interest or necessary to address a serious threat to health or safety.

We will obtain your written permission when required by law for uses or disclosures such as marketing or the sale of your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes, as permitted or required by law:

Treatment. We may use your information to provide eye examinations, diagnose and treat eye conditions, prescribe corrective lenses, coordinate care, and communicate with other health care professionals involved in your treatment.

Payment. We may use and disclose information to bill you, your insurance company, or another responsible payer for services provided.

Health care operations. We may use information to operate our practice, maintain records, evaluate the quality of care, train staff, and manage business activities.

Appointment reminders and care-related communications. We may contact you about appointments, prescriptions, follow-up care, test results, or other matters related to your treatment.

Business associates. We may share information with service providers who help us operate our practice, such as electronic record, billing, or secure technology providers. These providers must agree to protect your information as required by law.

As required by law. We may disclose information when federal, state, or local law requires it.

Public health and safety. We may disclose information for legally authorized public health activities, reporting, or to prevent or reduce a serious threat to health or safety.

Health oversight and legal proceedings. We may disclose information to authorized government agencies, licensing authorities, courts, or other entities when legally permitted or required.

Workers' compensation and other government requests. We may disclose information as authorized by applicable law.

Research. We may use or disclose information for research when applicable legal requirements are satisfied.

Other legally permitted purposes. We may make disclosures for other purposes allowed by federal and California law.

To the extent we have substance use disorder records protected by 42 CFR Part 2, special federal restrictions may apply to their use and disclosure.

CALIFORNIA PRIVACY PROTECTIONS

In addition to federal HIPAA protections, California law, including the Confidentiality of Medical Information Act, protects the confidentiality of medical information. We will not disclose your medical information except as authorized by you or as permitted or required by applicable law. California law may provide additional protections or restrictions for certain types of information and disclosures. When a written authorization is required, we will obtain an authorization that meets applicable legal requirements before disclosing the information.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this notice describing our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your information, as required by law.

- Use or disclose your information only as described in this notice or as otherwise permitted or required by law.

We will not use or disclose your information for purposes not described in this notice unless you provide written permission when required. If you give permission, you may revoke it in writing, subject to actions already taken in reliance on that permission.

PRACTICE LOCATION AND ACCESS TO RECORDS

The current North County Optometry location will close, while Dr. Shulkin plans to continue providing optometry services at Poway Vision Care. A change in office location does not change your privacy rights.

You may request access to your records or request that they be sent to another health care provider.

When authorization is required, we will obtain your written authorization before transferring records.

You are free to choose your eye-care provider. You are not required to transfer your records to any particular office.

For questions about accessing your records, contact our office using the information listed at the beginning of this notice.

DESIGNATED CUSTODIAN OF NORTH COUNTY OPTOMETRY PATIENT RECORDS

Following the closure of the current NCO office, the historical patient records of Mitchell S. Shulkin, OD will be maintained by:

David Bloomberg, OD

Poway Vision Care

13035 Pomerado Rd, Ste C

Poway, CA 92064

Dr. Bloomberg is designated as the custodian responsible for the secure maintenance and safekeeping of these records and for facilitating patient access and authorized release of records.

Mitchell S. Shulkin, OD remains the responsible contact for privacy matters concerning the historical NCO records. Poway Vision Care is independently owned and operated. The designation of Dr Bloomberg as records custodian does not, by itself, transfer ownership of the NCO records or require patients to receive care at Poway Vision Care.

Patients may contact Poway Vision Care after 12/31/2026 for requests to access or obtain coppies of historical records.

CHANGES TO THIS NOTICE

We may change the terms of this notice. Any revised notice will apply to the health information we maintain, as permitted by law.The current notice will be available in our office, on our website, and upon request.

QUESTIONS OR COMPLAINTS

If you have questions or believe your privacy rights have been violated, please contact:

Privacy Contact: Mitchell S. Shulkin, OD

Telephone: 858-674-1276

Email: northcountyoptometry@gmail.com

Mailing Address: 13035 Pomerado Rd, Poway, CA 92064

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

https://www.hhs.gov/hipaa/filing-a-complaint/index.html

You will not be penalized or retaliated against for filing a complaint.

This Notice of Privacy Practices is effective as of 01/01/2027

Document preparation note (not part of patient notice): Confirm effective date, record-custody agreement, and applicable California/HIPAA notice requirements before publishing.