NOTICE OF PRIVACY PRACTICES

Effective Date: February 10, 2026

Sigma Eyehealth Centers

Practice Locations
603 E Main St, Anamosa, IA 52205
985 31st St, Marion, IA 52302
108 W First St, Monticello, IA 52310

Contact Information
Email: contactus@sigmaeyehealthcenters.com
Privacy Officer: Office Manager, Sigma Eyehealth Centers

OUR COMMITMENT TO YOUR PRIVACY

Sigma Eyehealth Centers is required by law to maintain the privacy of your protected health information, to provide you with this Notice of Privacy Practices, and to comply with the terms of this Notice currently in effect.

This Notice describes how medical information about you may be used and disclosed and how you may access this information. Please review it carefully.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Sigma Eyehealth Centers may use or disclose your protected health information without your written authorization for purposes of treatment, payment, and health care operations, as described below.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your eye care and related services. This includes, but is not limited to, scheduling or confirming appointments, calling your name in the reception area, prescribing glasses, contact lenses, or medications, communicating with optical laboratories, pharmacies, or suppliers, referring you to another health care provider, and discussing your care with you or with individuals you allow to be present.

Payment

We may use and disclose your health information to bill and collect payment for services provided to you. This may include verifying insurance eligibility, submitting claims to insurance carriers, providing information necessary for payment, billing you or a responsible party, and using collection services as permitted by law.

Health Care Operations

We may use your health information for practice operations necessary to operate our clinic and ensure quality care. These activities may include quality assessment and improvement, staff training, business planning, legal compliance, audits, licensing, credentialing, and accreditation activities.

OTHER USES AND DISCLOSURES PERMITTED BY LAW

We may use or disclose your protected health information without your authorization in certain circumstances permitted or required by law. These may include disclosures for public health activities, reporting abuse, neglect, or domestic violence, health oversight activities, judicial or administrative proceedings, law enforcement purposes, medical examiner or funeral director functions, organ and tissue donation, research activities conducted in compliance with law, preventing a serious threat to health or safety, workers' compensation claims, military or national security activities, and disclosures of de-identified information.

DISCLOSURES TO FAMILY MEMBERS OR OTHERS INVOLVED IN YOUR CARE

Unless you object, we may disclose relevant health information to a family member, friend, or other person involved in your care or payment for your care. If you permit another person to be present during your visit, we may reasonably infer that you consent to the disclosure of relevant information in that person's presence.

BUSINESS ASSOCIATES

Sigma Eyehealth Centers may disclose your health information to third parties who perform services on our behalf, such as billing services, optical laboratories, or information technology vendors. These business associates are required by law to safeguard the privacy of your information.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Any use or disclosure of your health information not described in this Notice will require your written authorization. You may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to such requests but will comply if we do.

You have the right to request confidential communications, such as requesting that we contact you at a specific phone number or address.

You have the right to inspect or obtain a copy of your health records, subject to limited exceptions. Requests must be made in writing.

You have the right to request amendments to your health information if you believe it is inaccurate or incomplete.

You have the right to receive an accounting of disclosures of your health information made outside of treatment, payment, or health care operations.

You have the right to receive a paper copy of this Notice at any time upon request.

CHANGES TO THIS NOTICE

Sigma Eyehealth Centers reserves the right to change this Notice of Privacy Practices. Any changes will apply to both current and future health information. Revised Notices will be posted in our offices and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Sigma Eyehealth Centers or with the U.S. Department of Health and Human Services Office for Civil Rights. Complaints to Sigma Eyehealth Centers may be submitted by email at contactus@sigmaeyehealthcenters.com. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT

You will be asked to sign a separate Acknowledgment of Receipt confirming that you received this Notice of Privacy Practices.