

Antioch Optometry, PC
Notice of Privacy Practices

Effective Date: January 12, 2026

1. Introduction

Antioch Optometry, PC (“we,” “our,” “us”) is committed to protecting the privacy and security of your personal and protected health information (“PHI”). This Notice describes how medical information about you may be used and disclosed and how you can access this information. We comply with the Health Insurance Portability and Accountability Act (HIPAA) and applicable state privacy laws.

2. Information We Collect

We collect and maintain PHI necessary to provide quality eye care, including but not limited to:

- Demographic information (name, address, contact details)
- Medical and eye health history
- Vision test results, diagnoses, prescriptions, and treatment plans
- Insurance and billing information
- Imaging and clinical examination results (including retinal images)

3. How We Use and Disclose PHI

We use and may disclose your PHI for the following purposes without your written authorization:

- Treatment — To provide, coordinate, and manage your eye care services, including referrals and consultations.
- Payment — To bill and collect payment from you, your insurance, or other payors.
- Healthcare Operations — To support quality improvement, training, business planning, and compliance activities.
- Business Associates — To vendors who support our services (e.g., billing, IT services), under strict confidentiality agreements.
- As Required by Law — When required by law, court order, or for public health reporting.
- Emergencies — To notify or assist with notifying a family member or other person responsible for your care in emergencies.

Other permitted disclosures include those required for public health activities, law enforcement, government programs, and other circumstances allowed by HIPAA.

4. Uses or Disclosures Requiring Written Authorization

Except for the purposes listed above, we will not use or disclose your PHI without your written authorization. You may revoke such authorization in writing at any time, except to the extent we have already relied on it.

5. Your Privacy Rights

You have rights under HIPAA and applicable law regarding your PHI, including the right to:

- Access and Copy your PHI
- Request Amendment of your records
- Request a Restriction on certain uses and disclosures (we are not required to agree)
- Request Confidential Communications
- Receive an Accounting of Disclosures
- Obtain a Paper Copy of this Notice upon request

Requests to exercise any of these rights must be made in writing.

6. Data Security and Retention

We maintain administrative, technical, and physical safeguards to protect your PHI from misuse or unauthorized access. We retain medical records in accordance with California law and professional standards.

7. Changes to This Notice

We reserve the right to amend this Notice at any time. Revised terms will be effective for all PHI maintained by our practice. If material changes are made, patients will be notified in writing or via prominent posting.

8. Complaints

If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint.

9. Contact Information:

For further information about the privacy policies for the practice of Antioch Optometry, PC, please contact us at the following address, phone number or email:

Antioch Optometry, PC
2201 Verne Roberts Circle Antioch, CA 94509
(925) 470-4616
Admin@antiochoptometry.com