THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Effective Date: July 6, 2026

Who We Are

Metro Eyes Vision Care PLLC ("Metro Eyes," "we," "us," "our") is a licensed optometry practice located at 260 Maple Avenue East, Vienna, Virginia 22180.

We are required by law to protect the privacy of your protected health information ("PHI") — information that identifies you and relates to your eye health, your care, or payment for that care. This Notice explains how we may use and share that information, and what rights you have.

How We May Use and Share Your Health Information Without Your Written Permission

For Treatment

We use your health information to provide, coordinate, and manage your eye care.

Examples: Dr. Goudarzi reviews your prior exam records and retinal images to evaluate changes over time. If your exam suggests diabetic retinal changes, glaucoma, or a condition needing surgical evaluation, we may send your records and imaging to a retinal specialist, glaucoma specialist, or ophthalmologist. We send your spectacle or contact lens prescription and fitting measurements to an optical laboratory or contact lens manufacturer so your lenses can be made correctly. We may share findings with your primary care physician or endocrinologist when your eye health relates to your general health.

For Payment

We use and share your health information to bill and receive payment for your care.

Examples: We submit claims containing your diagnosis and the services performed to your vision plan or medical insurance. We verify your eligibility and benefits before your visit. We may share information with your plan to obtain prior authorization, or with a billing service or clearinghouse that processes claims on our behalf.

For Health Care Operations

We use your health information to run the practice and maintain quality of care.

Examples: Reviewing charts to evaluate and improve the care we provide. Training staff and students. Contacting you about appointments, recalls, and orders that are ready. Responding to your questions or a complaint. Administrative activities including accounting, auditing, and evaluating our performance.

METRO EYES

Appointment Reminders, Recalls, and Related Communications

We may contact you by phone, text message, email, letter, postcard, or voicemail to remind you of an appointment, tell you an order is ready, notify you that you are due for an exam, or tell you about treatment alternatives and other health-related benefits and services that may interest you.

If you would prefer we contact you a different way, or not at all for certain purposes, tell us — see *Your Rights* below.

Business Associates

Some services are provided by outside companies under written contracts that require them to protect your information: our electronic health record vendor, our patient communication and scheduling platform, our billing or claims processing service, our optical laboratory, our IT support provider, and our document destruction service.

To People Involved in Your Care

Unless you object, we may share information relevant to your care with a family member, friend, or other person you identify who is involved in your eye care or in paying for it. If you are not present or are unable to agree or object, we will use our professional judgment to decide whether sharing is in your best interest.

Other Uses and Disclosures Permitted or Required by Law

We may use or share your health information without your written permission in the following situations:

- **As required by law** — when federal, state, or local law requires disclosure.
- **Public health activities** — reporting disease, injury, vital events, or adverse events or product problems to the FDA.
- **Suspected abuse or neglect** — reporting suspected abuse, neglect, or domestic violence as Virginia law requires or permits.
- **Health oversight** — audits, investigations, inspections, and licensure activities by agencies such as the Virginia Board of Optometry.
- **Judicial and administrative proceedings** — in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law enforcement** — in the limited circumstances permitted by law, such as responding to a court order or warrant, identifying a suspect or missing person, or reporting a crime on our premises.
- **To avert a serious threat** — when necessary to prevent a serious and imminent threat to your health or safety or that of another person or the public.
- **Coroners, medical examiners, and funeral directors.**
- **Organ, eye, and tissue donation** — to organizations that handle procurement or transplantation.
- **Workers' compensation** — as authorized by workers' compensation laws.
- **Research** — with approval of an institutional review board or privacy board, or as otherwise permitted.
- **Military, veterans, national security, and correctional institutions** — in the specific circumstances the law allows.

Uses and Disclosures That Require Your Written Authorization

We will obtain your written authorization before:

- Using or sharing your health information for **marketing** purposes, where an authorization is required.
- Any **sale** of your health information.
- Most other uses or disclosures not described in this Notice.

You may revoke a written authorization at any time, in writing, except to the extent we have already acted in reliance on it.

Your Rights Regarding Your Health Information

Right to inspect and get a copy. You may inspect and obtain a copy of your health and billing records. If we maintain your records electronically, you may request an electronic copy. Submit your request in writing to the Privacy Officer below. We may charge a reasonable, cost-based fee for copying, mailing, or supplies, consistent with federal and Virginia law. In limited circumstances we may deny a request, and you may have a right to have that denial reviewed.

Right to request an amendment. If you believe information in your record is incorrect or incomplete, you may request in writing that we amend it, stating the reason. We may deny the request in certain circumstances, and we will explain why in writing.

Right to request restrictions. You may ask us to limit the health information we use or share for treatment, payment, or health care operations, or to limit what we share with someone involved in your care. We are not required to agree, except in one case: **if you pay for a service or item in full out of pocket, and you ask us not to share that information with your health plan for payment or operations purposes, we must honor that request** unless the law requires the disclosure.

Right to confidential communications. You may ask us to contact you at a specific address or by a specific method — for example, only by mail rather than text, or at a work address rather than home. We will accommodate reasonable requests.

Right to a paper copy of this Notice. You may request a paper copy at any time, even if you agreed to receive it electronically. Ask at the front desk or call us.

Right to be notified of a breach. We will notify you if a breach occurs that compromises the privacy or security of your health information.

Right to choose someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that authority.

Our Responsibilities

- We are required by law to maintain the privacy and security of your health information and to give you notice of our legal duties and privacy practices.
- We must abide by the terms of the Notice currently in effect.
- **We reserve the right to change this Notice**, and to make the revised Notice effective for all health information we already maintain as well as information we receive in the future. If we make a material change, we will post the revised Notice in our office and on our website at metroeyesva.com, and you may request a copy at any time.
- We will not use or share your information other than as described here unless you tell us in writing that we may. If you tell us we may, you may change your mind at any time in writing.

How to Raise a Concern or File a Complaint

If you have questions about this Notice, or want to exercise any right described above, contact:

Metro Eyes Vision Care PLLC 260 Maple Avenue East, Vienna, VA 22180 Phone: 703-255-1502 Fax: 703-255-1504 Email: office@metroeyesva.com