

Notice of Privacy Practices

Effective October 15, 2026

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.

This notice applies to iDoctor and its doctors and staff, and to your exam records, prescriptions, eyewear orders, billing, and retinal images.

YOUR RIGHTS

Get a copy of your records. You can ask to see or get an electronic or paper copy of your health records, including your retinal images. We will usually provide it within 30 days and may charge a reasonable, cost-based fee.

Correct your records. You can ask us to correct information you think is incorrect or incomplete. We may say “no,” but we will tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way or at a different address, and we will agree to all reasonable requests.

Limit what we use or share. You can ask us not to use or share certain information for treatment, payment, or our operations. We are not required to agree. If you pay in full out of pocket for a service or item, you can ask us not to share information about it with your health insurer for payment or our operations, and we will agree unless a law requires us to share it.

Get a list of those we’ve shared with. You can ask for a list of the times we’ve shared your information in the six years before your request, who received it, and why. The list leaves out sharing for treatment, payment, and our operations, and certain other sharing, such as sharing you asked for. One list a year is free, but we may charge a reasonable, cost-based fee for another within 12 months.

Get a copy of this notice. You can ask for a paper copy at any time, even if you agreed to receive this notice electronically.

Choose someone to act for you. A person who has your medical power of attorney, or who is your legal guardian, can exercise your rights.

File a complaint. If you believe we have violated your rights, you can contact our Privacy Officer or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint or 1-877-696-6775. We will not retaliate against you for filing a complaint.

YOUR CHOICES

Family, friends, and disaster relief. You can tell us whether to share information with family, close friends, or others involved in your care, or for disaster relief. If you cannot tell us, for example if you are unconscious, we may share information if we believe it is in your best interest or to lessen a serious and imminent threat to health or safety.

Marketing and sale. We never use your information for marketing or sell it without your written permission, and we do not use it for fundraising.

HOW WE USE AND SHARE YOUR INFORMATION

Treat you. We share your information with other professionals treating you, such as a retina specialist we refer you to. We also share your prescription and measurements with the laboratories that make your glasses and the companies that supply your contact lenses, and we verify your prescription when a contact lens seller you choose asks.

Run our practice. We use your information to run our practice and improve your care, for example to manage appointments and review the quality of our care. Companies that provide services to us, such as our health record and scheduling systems, must protect your information under written agreements.

Bill for your services. We share information with your vision plan or medical insurance so it will pay for your exam or eyewear.

Send reminders. We may contact you by phone, text message, or email about appointments, eyewear that is ready, and your care. Because text messages and regular email may not be secure, let us know if you prefer another way.

OTHER USES AND DISCLOSURES

The law allows or requires us to share your information in other ways, after meeting conditions in the law, including for public health and safety, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing a serious threat to anyone’s health or safety; health research; complying with the law, including reviews by the Department of Health and Human Services; organ and tissue donation; coroners, medical examiners, and funeral directors; workers’ compensation; law enforcement; health oversight; special government functions such as military and national security; and court or administrative orders and subpoenas.

SPECIAL PROTECTIONS

Illinois law. Illinois law gives extra protection to information about HIV and AIDS, genetic testing, mental health and developmental disabilities, and substance use disorder treatment. When these laws require your written permission or a court order before we share this information, we will follow them.

Substance use disorder records. If we receive substance use disorder treatment records protected by federal law (42 C.F.R. Part 2), we will not use or share them against you in a civil, criminal, administrative, or legislative investigation or proceeding without your written consent, or a court order issued after you have had notice and a chance to be heard and accompanied by a subpoena or other legal requirement.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your health information, to give you this notice of our legal duties and privacy practices, and to follow it. We will let you know promptly if a breach occurs that may have compromised your information. We will not use or share your information in ways not described here unless you give us written permission, which you may take back in writing at any time.

CHANGES TO THIS NOTICE

We can change this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and at idoctoril.com.