# **BLISS EYE ASSOCIATES Notice of Privacy Practices**

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Your Information. Your Rights. Our Responsibilities.

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.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

> See page 2 for more information on these rights and how to exercise them

# Your Choices

Your

Rights

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

> See page 3 for more information on these choices and how to exercise them

# Our **Uses** and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

> See pages 3 and 4 for more information on these uses and

disclosures

# **Privacy Policy**

Effective Date: 1/24/2025

Bliss Eye Associates respects your privacy and is committed to protecting your personal information. This Privacy Policy explains how we collect, use, and share information when you opt in to receive SMS messages from us.

#### **Information We Collect**

When you opt in to receive SMS messages, we collect:

- Your phone number
- Consent to send SMS messages

#### **How We Use Your Information**

We use your information to:

- Send you the SMS messages you've opted in to receive
- Provide updates, promotions, or other relevant content based on your preferences

## **Sharing Your Information**

We do not share your phone number or SMS opt-in information with third parties for marketing purposes.

### **Your Rights**

You can opt out of receiving SMS messages at any time by replying with "STOP" to any message we send you.

#### **Data Security**

We implement reasonable measures to protect your personal information from unauthorized access or disclosure.

#### **Contact Us**

If you have questions or concerns about our privacy practices, contact us at 916-863-3143.

Effective Date: 1/24/2025

By opting in to receive SMS messages from Bliss Eye Associates, you agree to the following terms:

## 1. SMS Messaging Service

By providing my phone number, I consent to receive SMS text messages from [location name] for appointment reminders, marketing messages, and general two-way communication. Msg frequency varies. Msg&data rates may apply. Reply HELP for support. Reply STOP to opt out.

## 2. Message Frequency

You will receive [state expected frequency, e.g., up to 4 messages per month].

# 3. Message and Data Rates

Message and data rates may apply based on your mobile carrier's terms.

# 4. Privacy Policy

Your information will be handled in accordance with our Privacy Policy, which can be viewed at https://www.blisseye.com/about/forms/

# 5. Opt-Out Instructions

You can opt out at any time by replying "STOP" to any SMS message. Reply HELP for support. You may also contact us directly at 916-863-3143.

#### 6. Liability

We are not responsible for any charges, errors, or delays in SMS delivery caused by your carrier or third-party service providers.

By opting in, you confirm that you are the owner or authorized user of the phone number provided and that you are at least 18 years old.