NOTICE OF PRIVACY PRACTICES

Your information. Your rights. Our responsibilities.

Last updated: November 1st, 2026

This notice describes how medical information about you may be used and disclosed, and how you can access that information. Please review it carefully.

This notice applies to Corte OD PLLC, doing business as Reflect Vision Care, at the Asheville Mall, Biltmore Park, Northlake Mall, and Concord Mills locations listed at the end of this document.

YOUR RIGHTS	YOUR CHOICES	OUR DUTIES
Access your records, request corrections, request privacy protections, and file a complaint.	Tell us your preferences about sharing information with people involved in your care.	Protect your health information, follow this notice, and notify you of qualifying breaches.

Your Rights

When it comes to your health information, you have important rights. Contact our Privacy Officer using the information at the end of this notice to exercise them.

Get a copy of your medical record

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you. We generally respond within 30 days, subject to legally permitted extensions, and may charge a reasonable, cost based fee.

Request a correction

You may ask us to correct information you believe is incorrect or incomplete. We may deny a request when permitted by law, but we will explain our decision in writing, generally within 60 days.

Request confidential communications

You may ask us to contact you in a particular way or at a different mailing address. We will accommodate reasonable requests.

Ask us to limit certain uses or disclosures

You may request limits on information we use or share for treatment, payment, or health care operations. We are not generally required to agree. If you pay for a service or item completely out of pocket, you may direct us not to disclose related information to your health plan for payment or operations, unless disclosure is legally required.

Request an accounting of disclosures

You may request a list of certain disclosures of your health information made during the previous six years. Some disclosures, including many for treatment, payment, and operations, are excluded. One accounting in a 12 month period is free; an additional accounting may involve a reasonable, cost based fee.

Receive a paper copy of this notice

You may ask for a paper copy at any time, even if you previously agreed to receive an electronic version. We will provide it promptly.

Have an authorized representative act for you

A person legally authorized to act for you, such as a guardian or health care agent, may exercise your rights as allowed by law. We will verify the person’s authority before acting.

File a privacy complaint

You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Your Choices

You may tell us your preferences about sharing your health information with relatives, close friends, or others involved in your care or payment for your care, and in disaster relief situations. If you cannot express a preference, we may share information when we believe it is in your best interest and the law permits it. We may also disclose information when needed to prevent or lessen a serious and imminent threat to health or safety.

Written authorization is generally required for most uses or disclosures of psychotherapy notes, most marketing involving protected health information, and any sale of protected health information. We will obtain authorization when the law requires it. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

If we contact you for fundraising, you may opt out of future fundraising communications. Additional notice and choice protections apply if federally protected substance use disorder records would be used for fundraising.

How We Use and Disclose Health Information

We may use and share your protected health information for treatment, payment, and health care operations without your written authorization, as permitted by HIPAA.

Treatment

We may use your information to provide eye care and coordinate with other professionals. For example, we may share exam findings or prescription information with a specialist or another provider involved in your care.

Payment

We may use and share information to obtain payment for services, including submitting claims to medical or vision benefit plans and responding to coverage questions.

Health care operations

We may use and share information to operate and improve our practice, including quality improvement, staff training, compliance, and patient service activities. We may work with vendors that are required to protect information under appropriate agreements when applicable.

Other Uses and Disclosures Permitted or Required by Law

Subject to legal safeguards and any stronger applicable state law, we may use or disclose health information for purposes such as:

- Public health reporting, product recalls, reporting adverse drug events, or certain reports of suspected abuse or neglect.
- Preventing or reducing a serious threat to health or safety.
- Health research, when applicable legal requirements are met.
- Compliance with federal or state law and authorized health oversight activities.
- Workers' compensation matters and certain lawful requests from law enforcement or government agencies.
- Organ or tissue donation requests and matters involving a coroner, medical examiner, or funeral director.
- Lawsuits or administrative proceedings when disclosure is permitted or required by a valid order, subpoena, or other legal process.
- Certain military, national security, or other special government functions when authorized by law.

Other uses and disclosures not described in this notice will be made only with your written authorization or as otherwise permitted or required by law. We apply any additional confidentiality protections required for certain sensitive information under North Carolina or federal law.

Special Protection for Certain Substance Use Disorder Records

Some substance use disorder treatment records are specially protected by federal law under 42 CFR Part 2. To the extent Reflect Vision Care creates, receives, or maintains records subject to Part 2, we follow the additional applicable restrictions and consent requirements for those records.

In particular, we will not use or disclose Part 2 records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or an appropriate court order accompanied by a subpoena or other legal process required by law. Part 2 records may be used or disclosed for treatment, payment, and health care operations when legally authorized and subject to applicable limitations.

If Part 2 information would be used for fundraising, you will receive clear advance notice and the opportunity to decline such communications as required by law.

Our Privacy Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must follow the duties and privacy practices described in the notice currently in effect.
- We will notify affected individuals following a breach of unsecured protected health information when notification is required by law.
- We will provide a copy of this notice and make it available in our offices and on our website.
- We will not use or disclose your protected health information for purposes requiring authorization unless we obtain that authorization.

Changes to This Notice

We may revise this notice as our practices or legal requirements change. Revised terms may apply to all protected health information we maintain. The current notice will be available upon request, at our offices, and on our website.

Questions and Privacy Complaints

For questions about this notice, requests concerning your health information, or a privacy complaint, contact:

Privacy Officer: Ryan Corte | Reflect Vision Care

Corte OD PLLC | 27 Schenck Pkwy, Suite 140, Asheville, NC 28803

Phone: (828) 684-3497 | Email: admin@reflectivisoncare.com

Website: www.reflectvisioncare.com

You may also 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 by calling 1 877 696 6775. We will not retaliate against you for exercising your rights.

Reflect Vision Care Locations

ASHEVILLE MALL
3 S Tunnel Rd, Suite 187, Asheville, NC 28805
(828) 299-0055

BILTMORE PARK
27 Schenck Pkwy, Suite 140, Asheville, NC 28803
(828) 684-3497

NORTHLAKE MALL
6801 Northlake Mall Drive, Suite 253, Charlotte, NC 28216
(704) 509-4490

CONCORD MILLS
8111 Concord Mills Boulevard, Suite 359, Concord, NC 28027
(980) 258-6039