

## NOTICE OF PRIVACY PRACTICES

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information.**

**Please review it carefully. The privacy of your health information is important to us.**

### **Our Legal Duty:**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and our rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. The Notice takes effect October 14, 2009 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change this Notice and provide it to you.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the top of this handout Notice of Privacy Practices.

### **Questions and Complaints:**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information list at the top of the printed handout Notice of Privacy Practices. You also may submit a written complaint to the U.S. Department of Health and Human Services.

We will provide you with address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

### **Patient's Rights**

**Access:** You have the right to review or get copies of your health information and purchase history with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information and / or purchase history. You may obtain a form to request access by using the contact information listed at the top of this Notice of Privacy Practices. You may also request access by sending us a letter to the address at the top of the Notice of Privacy Practices.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations, where you have provided an authorization and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We use information for treatment purposes when, for example, we set up an appointment for you or when our staff helps you select glasses or contact lenses. We may disclose your health information outside our dispensary for a prescription for glasses or contacts to be filled or when we phone you to let you know of your health information from another professional that you may have seen before us.

**Payment:** We use your health information for payment purposes when, for example, our staff asks you about health or vision plans that you belong to, or about other sources of payment for our services and products to send to your health or vision care plan or when process payment by credit card. We may disclose your health information outside of our dispensary for payment purpose when, for example bill or claims for payment are mailed, faxed, or sent by computer to your health or vision care plan.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include things such as quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Marketing Health Products or Services:** We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without your prior authorization.

**To You, Your Family, and Friends:** We must disclose your health information to you, as described in the Patient Rights of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of, (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescription, medical supplies, or other similar forms of health information.

**Required by Law:** We may use or disclose your health information when we are required to do so by law, including judicial and administrative proceedings.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic-violence or possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information

required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information or inmate or patient under certain circumstances.

**Appointment Reminders and Treatment Alternatives:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail message, postcards, or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you.