

20/20 EyeCare Solutions, Inc.

Notice of Privacy Practices

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

Our “Notice of Privacy Practices” (hereinafter referred to as Notice) outlines our legal duties and practices with respect to maintaining the privacy of protected health information. We are dedicated to maintaining the privacy of all protected health information and will abide by the terms of the Notice currently in effect.

Provision of Notice: Beginning on the effective date, we will provide the Notice to every patient with whom we have a direct treatment relationship no later than the date of the first treatment. The Notice is available at the office for anyone who wants to evaluate our privacy practices when making a decision regarding whether to seek treatment from 20/20 EyeCare Solutions. The Notice is also available on the website at www.2020ecs.com

Documentation of Provision of Notice: When a patient receives the Notice, we ask the patient to sign its “Receipt of Notice of Privacy Practices” form, which is filed with the patient’s medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given a Notice and refused to sign the form.

Effective Date and Changes to Notice: This Notice is effective November 14, 2012. We reserve the right to revise this Notice whenever there is a material change to our legal duties and practices stated in the Notice. Except when required by law, a material change to any term of the Notice will not be implemented prior to the effective date of the notice in which such material change is stated. A revised Notice will be available on the effective date of revision at the office for anyone who has received a previous Notice.

Complaints: If you believe we have violated your legal rights or our privacy practices, a complaint should be filed in writing within 180 days of the time you became aware of the acts or omissions that are the subject of the complaint. You may file the complaint with the Secretary of the Department of Health and Human Services. Such complaints must be in writing, must name our practice, and must describe the acts or omissions that are the subject of the complaint. Complaints must be addressed to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, DC 20201.

We respect the right to file a complaint and will not take any adverse action, nor allow any employee to take any adverse action against any person who files a complaint.

Uses and Disclosures of Protected Health Information

We take all reasonable steps to ensure that protected health information we request, use and disclose is the minimum amount of such information needed to achieve the purpose for which it is intended.

We take all reasonable steps to ensure that protected health information is only used by and disclosed to individuals that have a right to such information. Toward that end, we make reasonable efforts to verify the identity of those using or receiving protected health information.

Uses and Disclosures-Treatment, Payment, and Health Care Operations

We use and disclose protected health information for payment, treatment, and health care operations. Treatment includes those activities related to providing services to the patient, including releasing information to other health care providers involved in the patient's care. Payment relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. Health care operations includes a number of areas, including quality assurance and peer review activities.

Uses and Disclosures-Not Requiring Authorization

Those Involved in Individual's Care: We disclose protected health information to those involved in a patient's care when the patient approves or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in our professional judgment.

When the patient is not present, we determine if law authorizes the disclosure of the patient's protected health information, and if so, we disclose only the information directly relevant to the purpose for which it is intended.

We do not disclose protected health information to a suspected abuser, if, in our professional judgment, there is reason to believe that such disclosure could cause the patient serious harm.

Required by Law: We disclose protected health information to public health officials. This includes reporting of communicable diseases and other conditions, sexually transmitted diseases, lead poisoning, Reyes Syndrome, and mandated reports of injury, medical conditions or procedures, or food-borne illness including

but not limited to adverse reactions to immunizations, cancer, adverse pregnancy outcomes, death, birth.

We also disclose protected health information regarding victims of abuse, neglect, or domestic violence. We may disclose information about a minor, disabled adult, nursing home resident, or person over 60 years of age whom the practice reasonable believes to be a victim of abuse or neglect to the appropriate authorities as required by law or, if not required by law, if the individual agrees to the disclosure. This includes child abuse and neglect, elder abuse and exploitation, abused and neglected nursing home residents, or disabled adults abuse.

When reporting disclosures required by law, we report such disclosures to patients and their agents or personal representatives unless, in the exercise of our professional judgment, we believe that informing such individuals would place someone at risk of serious harm. We will also not inform a person who we believe is responsible for abuse, neglect, or other injury, if we believe that informing such a person would not be in the best interests of the individual, as determined by our professional judgment.

Health Oversight Activities: We use and disclose protected health information as required by law for health oversight activities. Such information may be used and released for audits, investigations, licensure issues, and other health oversight activities, including, but limited to hospital peer review, managed care peer review, or Medicaid or Medicare peer review.

Judicial and Administrative Proceedings: We disclose protected health information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal; or a subpoena, discovery request or other lawful process, not accompanied by a court order or an ordered administrative tribunal.

Law Enforcement Purposes: We disclose protected health information to law enforcement officials for law enforcement purposes.

Organ, Eye, Cadaveric or Tissue Donations: We use and disclose protected health information to facilitate organ, eye or tissue donations.

To Avert a Serious Threat to Health or Safety: We use and disclose protected health information to public health and other authorities as required by law to avert a serious threat to health or safety.

Specialized Government Functions: We use and disclose protected health information for military and veteran activities, national security and intelligence activities, and other similar activities as required by law.

Emergency Situations: We use and disclose protected health information as appropriate to provide treatment in emergency situations. In those instances where we have not previously provided our Notice of Privacy Practices to a patient who receives direct treatment in an emergency situation, we will provide the Notice to the patient or personal representative as soon as practicable following the provision of the emergency treatment.

Marketing Purposes: We do not use or disclose any protected health information for marketing purposes.

Appointment Reminders: We will contact patients or their personal representatives by mail, telephone, texting, e-mail or other means with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of benefit to the patient.

Other Uses and Disclosures: We do not disclose protected health information to an employer or health plan sponsor, for underwriting and related purposes, for facility directories, to brokers and agents, or for fundraising. If an individual wants the practice to release his or her protected health information to employers or health plan sponsors, for underwriting and related purposes, for facility directories, or to brokers and agents, the he or she can contact the practice and complete an appropriate written authorization.

Individual Rights

Right to inspect and copy by written request

Right to Amend by written request

Right to an Accounting of Disclosures by written request

Right to Request Restrictions by written request

Right to Request Confidential Communication by written request

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted. We will accommodate reasonable requests.