

NOTICE OF PRIVACY PRACTICES

Performance Vision Care, Inc.

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.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; referring you to another doctor or clinic; or getting copies of your health information from another professional that you may have seen before us. Examples of how we disclose your information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agent or attorney). Health care operations include things such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals; participating in managed care plans; defense in legal matters or business planning.

In addition to our use of your health information for treatment, payment or 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 this authorization, you may revoke it in writing at any time. Unless you give us special notice, we cannot use or disclose your health information for any reason except those described in this notice.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the FDA regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of crime; to provide information about a crime at our office; or to report a crime that happened someplace else;
- disclosure to a medical examiner to identify a dead person;
- uses or disclosures for health related research;
- uses or disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the President; for lawful national intelligence activities; for military purposes; or for the evaluation and health members of the foreign service;
- disclosures relating to worker's compensation programs;
- incidental disclosures that are unavoidable by-products of permitted disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not at home.

PATIENT RIGHTS

ACCESS: You have the right to review or get copies of your health information, with limited exceptions. By law, there are a few limited situations in which we can refuse to permit access or copying. You must make the request in writing to obtain access to your health records. In most instances, your health information will be available to review within 30 days. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as photocopies and staff time, payable in advance.

ACCOUNTING DISCLOSURE: You have the right to receive a list of instances in which our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, where you have provided an authorization for the last six years, but not for disclosure made prior to April 14, 2003. If you request this accounting more than once in a twelve 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 we 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 so, 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 be in writing.

AMENDMENT: You have the right to ask us to amend your health information if you think that it is incorrect or incomplete. Your request must be in writing, and must explain why the information should be amended. We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this notice electronically, you are entitled to receive this notice in written form. You are also entitled to receive additional copies upon written request to the address below.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this notice until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to the new information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the US Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address or fax number listed below.

Performance Vision Care, Inc.