

Effective Date: April 14, 2003

VISTAR EYE CENTER, INC.

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice please contact the Vistar Eye Center, Inc. (“Centers”), Administrator, Kathy P. Cowan, at 540-344-4000.

This Privacy Notice is being provided to you on behalf of the Center, as a requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This Notice describes how, when and why we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. “Protected health information” means any recorded or oral information about you, including demographic data, that may identify you or that can be used to identify you, that is created or received by the Center, and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past, present or future payment for the provision of health care to you.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that protected health information about you is personal and confidential. We are committed to protecting the privacy of protected health information about you. We create a record of the care and services you receive at the Center to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the protected health information generated or received by our Center.

WE ARE REQUIRED BY LAW TO:

- make sure that your protected health information is kept confidential;
- give you this Notice of our legal duties and privacy practices with respect to protected health information about you; and
- abide by the terms of the Notice as currently in effect.

I. THE ORGANIZATIONS AND PEOPLE COVERED BY THIS NOTICE

This Notice describes our Center’s practices, which extend to:

- Any health care professional authorized to enter information into your chart (including physicians, optometrists, PAs, RNs and CRNAs);
- All locations of the Center and all areas of each location (front desk, administration, billing and collection, etc.);
- Any member of a volunteer group we allow to help you while you are in the Center;
- All employees, staff and other personnel that work for the Center;
- Our Business Associates with whom we have signed or will sign business associate agreement as required by HIPAA.

II. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following describes different ways that we are permitted by HIPAA to use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure will be listed and the examples are not exhaustive. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories. The explanation is provided for your general information only. Disclosure of your protected health information for the purposes described in this Notice may be made in writing, orally, or electronically (e-mail), by facsimile or by other means.

A. Treatment, Payment and Health Care Operations.

1. **For Treatment.** We may use and disclose protected health information about you to provide, coordinate, or manage your treatment and related services. This includes the coordination or management of your health care with a third party for treatment purposes.

We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other personnel who are

involved in taking care of you. For example, we may disclose your protected health information to any health care provider who has referred you to us for treatment. We may also disclose protected health information about you for treatment activities of other health care providers. For example, if your family doctor has determined that you need to be seen by our Center for care, we may send him a report of our diagnostic findings and our plan of treatment to assist him in providing you with care. Different departments of our Center also may share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people outside the Center who may be involved in your medical care after you leave the Center.

2. **For Payment.** We may use and disclose protected health information about you so that the treatment and services you receive at our Center may be billed to, and payment may be collected from you, an insurance company or other third party. For example, we may need to give your health plan information about a surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover treatment, to facilitate payment of a referring physician, or the like. We may also need to disclose information to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. For example, your insurance plan may require copies of our progress notes and treatment plan for the purposes of evaluating medical necessity. We may also disclose protected health information to another provider involved in your care for the other provider's payment activities. This might include disclosures of demographic information to laboratory or x-ray providers for payment of their services.

3. **For Health Care Operations.** We may use and disclose protected health information about you for our own operations. These uses and disclosures are necessary to run the Center and provide quality care to all patients. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to Center personnel for review and training programs. We may combine the protected health information we have with protected health information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may sometimes remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also provide your PHI to our accountants, attorneys, consultants and others in order to operate the Center and to make sure we are complying with the laws that affect us.

We may also disclose protected health information to another covered entity for certain health care operations of that entity, if the entity either has or had a relationship with you, such as a treatment relationship, and if the protected health information pertains to such relationship. Such disclosure is limited to certain activities of the other entity, including quality assessment and related activities, protocol development, care coordination, contacting health care providers and patients with information about treatment alternatives, reviewing the competency and qualifications of health care professionals, conducting training programs, accreditation, certification, licensure or credentialing activities. For example, we may provide protected health information to a hospital for the purpose of determining the qualifications of, or otherwise credentialing physicians requesting or renewing medical staff privileges.

B. USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

1. **Treatment Alternatives.** We may use and disclose protected health information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
2. **Health-Related Benefits and Services.** We may use and disclose protected health information about you to tell you about health-related benefits or services that may be of interest to you. For example, we may send you a packet of information and registration forms prior to your first appointment with one of our doctors.
3. **Appointment and Patient Recall Reminders.** We may use and disclose protected health information about you to contact you as a reminder you have an appointment at our Center or that you are due to receive periodic care from our Center. This contact may be by phone, in writing, automated appointment system, e-mail, or otherwise and may involve leaving an email, message over an answering machine or which could (potentially) be received or intercepted by others.
4. **As Required by Law.** We may disclose protected health information about you when required to do so by, and if we limit the disclosure as required by federal, state or local law.
5. **To Avert a Serious Threat to Health or Safety.** We may use and disclose limited protected health information about you when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

6. Eye, Organ and Tissue Donation. If you are an organ donor, we may disclose protected health information about you to organizations that handle eye organ or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
7. Military and Veterans. If you are a member of the armed forces, we may disclose protected health information about you as required by military command authorities in certain situations. We may also disclose protected health information about foreign military personnel to the appropriate foreign military authority.
8. Worker's Compensation. We may disclose protected health information about you for workers' compensation or similar programs as required by law. These programs provide benefits for work-related injuries or illness without regard to fault.
9. Public Health Activities. We may disclose protected health information about you to a public health authority for public health activities. These activities generally include the following:
 - to prevent, control, or report disease, injury or disability;
 - to report vital events such as births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products, track FDA regulated products, enable product recalls, repairs or replacements and to conduct post marketing surveillance;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
10. Emergency Situations. We may disclose protected health information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.
11. Victims of Abuse, Neglect and Domestic Violence. We may use and disclose protected health information about you to notify the appropriate government authorities if we believe you have been a victim of abuse, neglect or domestic violence, but we will only make this disclosure; (i) if you agree; (ii) when required by law; or (iii) when authorized by law and certain other conditions are met.
12. Health Oversight Activities. We may use and disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws and other activities necessary for oversight of the health care system, government benefit payments and entities subject to government regulation.
13. Lawsuits and Administrative Proceedings. If you are involved in a lawsuit or an administrative dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information pursuant to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the party requesting the information to tell you about the request or to obtain an order protecting the information requested. We may also use such information to defend ourselves or any member of our Center in any actual or threatened action.
14. Law Enforcement. We may disclose protected health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, grand jury subpoenas or similar process;
 - To identify or locate a suspect, fugitive, material witness, or a missing person;
 - About the victim of a crime if the individual agrees and, under certain limited circumstances, where we are unable obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Center;
 - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime;
 - About certain types of wound or physical injuries as required by law.
15. Coroners, Medical Examiners and Funeral Directors. We may disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information about patients of the Center to funeral directors as necessary to carry out their duties.
16. National Security and Intelligence Activities. We may disclose protected health information about you to authorized federal officials so they may conduct intelligence, counter-intelligence and other activities authorized by the National Security Act.

17. Protective Services for the President and Others. We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
18. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose protected health information about you to the correctional institution or law enforcement official. This disclosure may be necessary (i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.
19. Research. Under certain circumstances, we may use and disclose protected health information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of protected health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process by an Institutional Review Board (“IRB”) or a Privacy Board. We will obtain an Authorization from you before using or disclosing your individually protected health information unless the authorization requirement has been altered or waived by the IRB or Privacy Board. If reasonably possible, we may make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an Authorization for the use or disclosure is not required. If we obtain certain representations from the researcher, we may use and disclose protected health information about you for the researcher to prepare protocols preparatory to research.
20. Incidental Disclosures. We may use and disclose protected health information about you incident to otherwise permitted or required uses and disclosures. For example, we may ask you to sign a sign-in sheet when you arrive for an appointment at the Center as an incident to the treatment process.
21. To the Secretary of the Department of Health and Human Services. We are required to disclose protected health information about you when requested by the Secretary of the Department of Health and Human Services in order to investigate or determine our compliance with HIPAA.

C. USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION BUT WITH YOUR OPPORTUNITY TO OBJECT.

1. Disclosures to Family, Friends or Others Involved in Your Case. We may disclose your protected health information to your family members, to a close personal friend or other person that you identify if it is directly relevant to the person’s involvement in your care or payment related to your care. We may also disclose protected health information concerning your location, condition or death in connection with trying to locate or notify family members or others involved in your care. Generally, we will obtain your verbal agreement before using or disclosing protected health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your express agreement if we feel in the exercise of professional judgment that it is in your best interest.
2. Objection to Disclosures. You may object to these disclosures by indicating the names and relationship of individuals that you do not want to receive your medical information on the “Acknowledgement of Receipt of Notice of Privacy Practices” form. If you are present and do not object to these disclosures, or if you are present and we can infer from the circumstances that you do not object, or if you are not present or able to object and we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person’s involvement with your care, we may disclose your protected health information for such purpose.

D. USES AND DISCLOSURES WHICH YOU MAY AUTHORIZE

Other uses and disclosures of protected health information not described above in this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with a written authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time to the extent that we haven’t taken any action relying on the authorization. If you revoke your authorization, we will no longer disclose protected health information about you pursuant to that revoked authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided you.

III. PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS CENTER REGARDING THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding protected health information we maintain about you:

- A. Right to Inspect and Copy. You have the right to inspect and copy your protected health information that is contained in a “designated record set.” A “designated record set” contains medical and billing records and any other records that the Center uses for making decisions about your care. This does not include information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits

access to protected health information or information which your doctor identifies as potentially harmful to you or others if it is released.

To inspect and copy protected health information in your designated record set, you must submit your request in writing to Kathy P. Cowan, Administrator, as identified on the last page of this Notice. If you request a copy of the information, we may charge a cost-based fee for the costs of copying, mailing or other supplies (tapes, diskettes, etc.) associated with your request. We will respond to you within 15 days after receiving your written request.

We may deny your request to inspect or copy, in certain limited circumstances. If you are denied access to your protected health information because a physician has determined it may be dangerous to you or another person, you may request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. The person conducting the review will not have participated in the first decision to deny your request. We will comply with the outcome of that review.

- B. Right to Amend. If you feel that the protected health information in your designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Center.

To request an amendment, your request must be made in writing and submitted to Kathy P. Cowan, Administrator, as identified on the last page of this Notice. In addition, you must provide

- the reasons for the request;
- a description of the problem – how the information is incorrect or incomplete;
- a description of the:
 - administrative information to be corrected; and/or
 - medical information to be amended including the source if known, date and provider of service;
- the specific wording to make the entry correct/complete;
- identification of persons who need to be advised of the amendment, including contact information and authorization to advise them if necessary.

The request must be dated and signed by you. We will act on your request within 60 days of receiving your request. If we are unable to act on the request within the 60-day period, we may extend the time for action by no more than 30 days by providing you, within the initial 60 days, with a written statement of the reasons for the delay and the date by which we will complete our action on your request.

We may deny your request for an amendment if it is not made in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the designated record set kept by or for the Center;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to ask that your request and our denial be attached to all future disclosures of your protected health information. If we approve your request, we will make the change to your protected health information, tell you we have done it, and tell others whom you identify and authorize us to tell that need to know about the change to your protected health information.

- C. Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. We are also not required to account for disclosures to you, disclosures that you agreed to by signing an authorization, disclosures for a facility directory, to friends or family members involved in your care, incidental disclosures, or certain other disclosures we are permitted to make without your authorization. This list will not include uses and disclosures made for national security purposes, or to correction or law enforcement personnel.

To request this accounting of disclosures, you must submit your request in writing to Kathy P. Cowan, Administrator, as identified on the last page of this Notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred. We will respond within 60 days of receiving your request. If we are unable to respond within the 60 day period, we may extend the period for up to 30 days if we send you a written statement of the reasons for the delay within the initial 60 day period. In certain situations we are required by HIPAA to suspend your right to receive an accounting of disclosures.

- D. Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care, like a family member or friend or for notification purposes. For example, you could ask that we not use or disclose information about a particular treatment or surgery that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or unless the information is required to be disclosed by law.

To request such restrictions, you must make your request in writing to Kathy P. Cowan, Administrator, as identified on the last page of this Notice. In your request, you must tell us (i) what information you want to limit; (ii) whether you want to limit our use, disclosure or both; and (iii) to whom you want the limits to apply, for example, disclosures to your spouse or children.

- E. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or email, or the like.

To request confidential communications, you must make your request in writing to Kathy P. Cowan, Administrator, as identified on the last page of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests so long as we can easily provide it in the format you requested. Your request must specify how or where you wish to be contacted.

- F. Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may also view a copy of this Notice on our web site at www.vistareye.com

- G. The Right To Get This Notice by E-mail. You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of this Notice.

To obtain a paper copy of this Notice contact Kathy P. Cowan, Administrator, as identified on the last page of this notice.

IV. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for protected health information that we already have about you as well as any such information we receive in the future. We will post a copy of the current Notice in the Center. The Notice will contain on the first page, in the top right-hand corner, and at the end of the Notice, the effective date. In addition, each time you register at, or are admitted to, our Center for treatment or health care services, you may request a copy of the current Notice in effect. You may also view a copy of the current Notice on our web site at www.vistareye.com.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Center or with the Secretary of the Secretary of Health and Human Services. To file a complaint with our Center, contact our Administrator, Kathy P. Cowan, at P.O. Box 1789, Roanoke, Virginia 24008, phone number 540-344-4000, All complaints must be submitted in writing and all complaints will be investigated.

You will not be retaliated against or penalized by us for filing a complaint.

VI. CONTACT PERSON

The Center's contact persons for all issues regarding your rights under the federal privacy standards is the Administrator of our Center, Kathy P. Cowan. Information regarding matters covered by this Notice can be requested by contacting Kathy P. Cowan, Administrator. She may be reached at:

Kathy P. Cowan, Administrator
Vistar Eye Center, Inc.
P.O. Box 1789
Roanoke, Virginia, 24008

The Administrator may be contacted by telephone at 540-344-4000.

VII. EFFECTIVE DATE

This Notice is effective April 14, 2003.

