

NOTICE OF PRIVACY PRACTICES

FOR YOUR PROTECTION:

THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. Your "health information," for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you (referred to as "health information" in this Notice).

The Eye Doctor's Office, PA has always been committed to maintaining the security and confidentiality of the information we receive from our patients and customers. We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information. Please know that we maintain careful safeguards to protect you against unauthorized access and use of your health information.

THIS NOTICE IS EFFECTIVE 12/04/25 PENDING ANY FUTURE UPDATES.

How We Safeguard Your Health Information

Our privacy officer has the overall responsibility to implement and enforce privacy policies and procedures to protect your personal health information. You can be assured that every effort is taken to comply with federal and state laws – physically, electronically, and procedurally – to safeguard your information. The Eye Doctor's Office, PA requires all of its employees, business associates (such as optical labs and insurance claim clearinghouses), providers, and vendors to adhere to our privacy policies and procedures under the strictest standards.

Right to Notice

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), The Eye Doctor's Office, PA is permitted by law to use your protected health information without your authorization for the following purposes: Treatment, Payment, and Health Care Operations.

a) Treatment - We may use or disclose your health information to healthcare

providers (doctors, surgeons, hospitals, and other caregivers) who request it to aid in your treatment. Examples of how we use or disclose your health 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; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us.

b) Payment - We may use and disclose your health information to obtain payment for services and products we provide you. Examples of how we use or disclose your health 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 through internal & external collectors.

c) Health Care Operations - We may use and disclose your health information in connection with our everyday health care operations. Health care operations may include quality assessment, improvement activities, outcome assessments, performance measurement, case management, care coordination competency, training, certification, credentialing activities, or licensing. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

d) Service Reminders - We may contact you to remind you to obtain preventative or ongoing care services or to inform you of treatment alternatives and/or health-related benefits and services, which may be of interest or necessity.

Additional Uses and Disclosures

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

REQUIRED BY LAW. We may use or disclose your personal health information, as we are required to do so by state or federal law, including disclosures to the US Dept. of Health & Human Services.

PUBLIC HEALTH ISSUES: We may disclose your health information to an authorized public health authority for public health activities in controlling disease, injury, or disability.

ABUSE OR NEGLECT: We may make disclosures to governmental authorities concerning abuse, neglect, or domestic violence as required by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your health information to a government agency authorized to conduct health care system or governmental procedures such as audits, examinations, investigations, inspections, & licensure.

LEGAL PROCEEDINGS: We may disclose your health information in the course of any legal proceeding in response to a court order or administrative judge and, in certain cases, in response to subpoena, discovery request, or other lawful process.

LAW ENFORCEMENT: We may disclose your health information for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.

CORONERS, MEDICAL EXAMINERS, ORGAN DONATIONS, AND FUNERAL DIRECTORS: We may disclose your health information in certain instances to medical examiners and coroners during their investigations. We may disclose personal health information to organizations that handle donations of eye tissues and transplantations. And we may disclose information to funeral directors so that they may carry out their duties.

RESEARCH: We may disclose your health information to researchers only if certain established measures are taken to protect your privacy such as de-identified information and "limited data set" for research, public health, or health care operations.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY: We may disclose your health information to the extent necessary to avoid a serious or imminent threat to your health or to the health or safety of others.

SPECIALIZED GOVERNMENT FUNCTIONS: We may disclose your health information such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service.

CORRECTIONAL INSTITUTIONS: We may disclose your health information to a correctional facility should you become a resident of such a facility and if this information helps to provide you health care or to provide safety to you or others.

WORKERS COMPENSATION: We may disclose your health information as required by worker's compensation laws.

INCIDENTAL DISCLOSURES: We may disclose your health information if it is an incidental disclosure that is an unavoidable by-product of permitted uses or disclosures;

BUSINESS ASSOCIATE We may disclose your health information to "business associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA.

OTHERS INVOLVED IN YOUR HEALTH CARE: We may disclose certain billing information to a family member on your behalf.

YOUR EMPLOYER: If your insurance coverage is through your employer and if we are in a contractual relationship with the insurer of concern, we may be required to release certain information to the employer for the purposes of reviews or audits. All personal identifiable information will be removed unless such identification is necessary.

Unless you object, we will also share relevant information about your care with any of your personal representatives who are helping you with your eye care. Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative) health information relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.

Your Rights to Provide an Authorization For Other Uses and Disclosures

- Other uses and disclosures of your health information that are not described in this Notice will be made only with your written authorization.
- You may give us written authorization permitting us to use your health information or to disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your health information that are not identified in this Notice or are not otherwise permitted by applicable law.
- We must agree to your request to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and such information pertains solely to a health care item or service for which you have paid in full (or for which another person other than the health plan has paid in full on your behalf).

Any authorization you provide to us regarding the use and disclosure of your health information may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. However, we are generally unable to retract any disclosures that we may have already made with your authorization. We may also be required to disclose health information as necessary for purposes of payment for services received by you prior to the date you revoked your authorization.

Your Individual Rights

The Eye Doctor's Office, PA would like you to know that beginning on April 23, 2013, you have additional rights regarding your personal health information. Your additional rights are described below:

YOUR RIGHT TO CONFIDENTIAL COMMUNICATIONS: We will make every effort to accommodate reasonable requests to communicate with you about your health information at an alternative location. For our records, we will need this alternative address request in writing. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations.

YOUR RIGHT TO INSPECT OR COPY YOUR HEALTH INFORMATION: You must make such requests in writing to the address below. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information, subject to applicable law.

YOUR RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on the way we handle your personal health information for treatment, payment, or health care operations as described earlier in the permitted handling of health information section of this notice. The law, however, does not require us to agree to these restrictions. If we do agree, we will send you a written confirmation. If we do not agree, we will notify you of such a decision in writing.

YOUR RIGHT TO AMEND YOUR HEALTH INFORMATION: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if the health information:

- was not created by us, unless the person that created the information is no longer available to make the amendment,
- is not part of the health information kept by or for us,
- is not part of the information you would be permitted to inspect or copy, or
- is accurate and complete.

YOUR RIGHT TO INFORMATION ABOUT CERTAIN DISCLOSURES: You have the right to request (in writing) information about the times we have disclosed your personal health information for purposes other than the following: Treatment, Payment, or Health Care Operations as described in the first section of this notice, disclosures that you or your personal representatives have authorized, and certain other disclosures. The requirement that we provide you with information about the times we have disclosed your personal health information applies for six years from the date of the disclosure. This applies only to disclosures after April 14, 2003. Your request must state how you would like to receive the report (paper, electronically).

YOUR RIGHT TO DESIGNATE ANOTHER PARTY RECEIVE YOUR HEALTH INFORMATION: If your request for access of your health information directs us to transmit a copy of the health information directly to another person the request must be made by you in writing to the address below and must clearly identify the designated recipient and where to send the copy of the health information.

Legal Requirements

Although, The Eye Doctors' Office, PA follows the privacy practices described in this notice, you should know that under certain circumstances these practices could change in the future. For example, if the privacy laws change, we will

change our practices to comply with the law. Further, the change will apply to all personal information we have in our possession, including any information created or received before we change the notice. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility. Copies of this Notice are also available upon request at our reception area. Further, we will make every attempt to have any changes made to our privacy policy posted on our website in a timely manner.

We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are officially adopted and are made effective by the US Dept of Health and Human Services or any other federal agency responsible for this aspect of your health care.

For additional information, questions about this Notice of Privacy Practices, or if you want another written copy, please visit The Eye Doctor's Office, PA's website or contact our privacy officer, Dr Victoria Whitman at the phone number, fax number, or address listed below.

Contact Information

For further information about The Eye Doctor's Office PA's privacy policies, please contact *Dr. Victoria Whitman* via any of the following formats:

Address:	Art of Optiks 747 E. Lake Street Wayzata, MN 55391
Phone:	(952) 404-2020
Fax:	(952) 404-0202
Email:	drwhitman@artofoptiks.com

Complaints:

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. 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, fax or Email shown above. If you prefer, you can discuss your complaint in person or by phone.