

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.

Our employees are committed to protecting your privacy both from a health information and a personal information standpoint. We are vigilant safeguarding your medical and personal information that you or others provide to us.

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to:

- maintain the privacy of medical information provided to us.
- provide notice of our legal duties and privacy practices.
- abide by the terms of our Notice of Privacy Practices currently in effect.

WHO WILL FOLLOW THIS NOTICE

- This notice describes the practices of our physicians and employees at all of our sites. Those sites are the Holt Eye Clinic in Hot Springs, Arkansas, Holt Optical Shop in Hot Springs, Arkansas. These individuals, entities, sites and locations share medical information with each other for the treatment, payment and health care operations described in this notice.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, phone number, social security number, employer.
- For children only, parent or guardian information.
- The name of a friend or relative as an alternate contact.
- Information relating to your medical history and your current medical information.
- Your insurance information and coverage.
- Information concerning your doctor or other medical providers.
- Healthcare providers in your "circle of care"- such as the referring physician, your other doctors, and close friends or family members.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure is listed.

- Required Disclosures. We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and your right to receive an accounting of disclosures, as described below.
- For Treatment. We may use and disclose your health information for your care and treatment. We consider prescriptions for eyeglasses and contact lenses as medical information used in treatment. As another example, we may use your medical history or current medical condition, such as any presence or absence of diabetes, to assess the health of your eyes and develop a treatment plan. We may disclose information to other physicians involved in your care.
- For Payment. We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have provided you. We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.

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- **For Health Care Operations.** We may use and disclose information about you for the general operation of our business. For example, in the future we may hire auditors or other consultants to review our practices, evaluate our operations, and tell us how to improve our services. Or, for example, we may use and disclose your health information to for a review the quality of services that we provide to you.
- **Public Policy Uses and Disclosures.** There are a number of public policy reasons why we may disclose information about you which are described below.
 - We may disclose protected health information (PHI) about you when we are required to do so by federal, state, or local law.
 - We may disclose protected health information about you in connection with certain public health reporting activities.
 - We may disclose such information to a public health authority permitted to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.
 - We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.
 - We may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.
 - We may also disclose a patient's health information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.
 - We may disclose a patient's health information where we reasonably believe a patient is a victim of abuse, neglect or domestic violence and the patient authorizes the disclosure or it is required or authorized by law.
 - We may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies which are authorized by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.
 - We may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body or to assist law enforcement identify or locate a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit use to make disclosures about victims of crimes and the death of an individual as well as other lawful purposes.
 - We may release a patient's health information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors. We also may release your health information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor or organ recipient.
 - We may release your health information to workers' compensation or similar programs, which provide benefits for work-related injuries or illnesses without regard to fault.
 - Health information about you may also be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.
 - We may use or disclose certain health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy

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interests will be adequately protected in the study. We may also use and disclose your health information to prepare or analyze a research protocol and for other research purposes.

- If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We also may release health information about foreign military personnel to their appropriate foreign military authority.
- We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.
- If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health or safety, or the health or safety of others.
- Finally, we may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.
- Our Business Associates. We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.
- Disclosures to Persons Assisting in Your Care or Payment for Your Care. We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" -- such as your spouse, your adult children assisting in your care, your other doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient's care about the patient's location, general condition or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, or when the patient cannot be reached and if in the clinician's judgement it is in the best interest of the patient, we may make these uses and disclosures without your agreement.
- Other Cases under which may disclose your PHI or personal information:
 - Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment. Generally for missed appointments and the annual appointment reminder we will send you a postcard with only the date and time of the appointment on the back of the card or a message on the card to call us to make an appointment. There is not any health or medical information on the card.
 - Calling Results of Procedures and Tests. Results of visual field tests, pathology reports, laboratory results, radiology reports and product recalls are called directly to the patient when feasible. If the clinician deems the patient unable to comprehend the results or treatment plan, every effort will be made at the time of the test to obtain verbal or written permission to discuss the outcome with others in the patient's "circle of care".
 - Scheduling or rescheduling appointments. If you are unavailable our staff may speak with your spouse, caregiver, personnel at healthcare facilities (such as nursing homes), close friends assisting in your care, or your adult children involved in your care to schedule appointments or reschedule appointments. We will not disclose medical information when we schedule your appointment with others.

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing,

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at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already done on your original permission.

INDIVIDUAL RIGHTS

- You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or payment for your care. We will consider your written request, but we are not required to accept it.
- You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.
- Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.
- If you believe that information in your records is incorrect or incomplete, you have the right to make a request in writing to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.
- You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee. We require that you put your request in writing. We will provide you with a form that satisfies this requirement.
- You have the right to a copy of this notice in paper form. You may ask us for a copy at any time. This notice is available at the check-in window in our clinics, and you may also call the business manager and request that a copy be mailed to you. When we give you this notice at the check-in we will ask you to sign a form that we have given it to you. This form will be permanently maintained in your medical record.
- To exercise any of your rights, please contact our business manager in writing at Holt Eye Clinic, 211 McAuley Court, Hot Springs, AR 71913. When making a request for an amendment, you must state a reason for making the request.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted and available at the check-in window. In addition, you may request a copy of the revised notice at any time.

COMPLAINTS/COMMENTS

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov). You also may contact our business manager at Holt Eye Clinic, 211 McAuley Court, Hot Springs, AR 71913.

YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.

To obtain more information concerning this notice, you may contact our Privacy Officer at Holt Eye Clinic, 211 McAuley Court, Hot Springs, AR 71913.

This business is in compliance with Title VI and Title VII of the Civil Rights Act.

This notice is effective as of April 14, 2003.