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LIFETIME VISION CARE

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Notice of Privacy Practices

Lifetime Vision Care Privacy Policy

Lifetime Vision Care is committed to maintaining robust privacy protections for our patients. Our Privacy Policy is designed to help you understand how we collect, use and safeguard the information you provide to us and to assist you in making informed decisions when using our Services.

Your health information for purposes of this notice, is any information that identifies you, is created, received, maintained, or transmitted by us in the course of providing your health care (items or services). (Referred to as "health information" in this notice).

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. We are required to provide individuals with this notice of our legal duties and privacy practices with respect to such information. We are to abide by the terms of this notice and also required by law to notify affected individuals following a breach of their unsecured health information.

INFORMATION WE COLLECT

We collect "Non-Personal Information" and "Personal Information." **Non-Personal Information** includes information that cannot be used to personally identify you. **Personal Information** includes your email address, home address, date of birth, insurance information, and phone number which you submit to us through the check in process either online or in the office.

HOW WE USE AND SHARE INFORMATION

Personal Information:

Except as otherwise stated in this Privacy Policy, we do not sell, trade, rent or otherwise share for marketing purposes your Personal Information with third parties without your consent. We do share Personal Information with vendors who are performing services for Lifetime Vision Care, such as the servers for our email and text communications who are provided access to the user's email address and phone number for the purposes of sending emails and text messages from us. Those vendors use your Personal Information only at our direction and in accordance with our Privacy Policy.

In general, the Personal Information you provide to us is used to help us communicate with you. For example, we use Personal Information to contact users in response to questions, solicit feedback, provide technical support, and inform users about promotional offers.

We may share Personal Information with outside parties if we have a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to meet any applicable legal process or enforceable governmental request; to enforce applicable Terms of Service, including investigation of potential violations; address fraud, security or technical concerns; or to protect against harm to the rights, property, or safety of our patients or the public as required or permitted by law.

Non-Personal Information:

In general, we use Non-Personal Information to help us improve the Service and customize the user experience. We also aggregate Non-Personal Information in order to track trends and analyze use patterns on our website. This Privacy Policy does not limit in any way our use or disclosure of Non-Personal Information and we reserve the right to use and disclose such Non-Personal Information to our partners, advertisers and other third parties at our discretion.If our information practices change at any time in the future, we will post the policy changes to our website so that you may opt out of the new information practices. We suggest that you check the website periodically if you are concerned about how your information is used.

HOW WE PROTECT INFORMATION

We implement security measures designed to protect your information from unauthorized access. Your account is protected by your account password and we urge you to take steps to keep your personal information safe by not disclosing your password and by logging out of your account after each use (in our PHR portal). We further protect your information from potential security breaches by implementing certain technological security measures including encryption, firewalls and secure socket layer technology. However, these measures do not guarantee that your information will not be accessed, disclosed, altered or destroyed by breach of such firewalls and secure server software. By using our Service, you acknowledge that you understand and agree to assume these risks.

YOUR RIGHTS REGARDING THE USE OF YOUR PERSONAL INFORMATION

You have the right at any time to prevent us from contacting you for marketing purposes. When we send a promotional communication to a user, the user can opt out of further promotional communications by following the unsubscribe instructions provided in each promotional email or text. You can also indicate that you do not wish to receive marketing communications from us in the office. Please note that notwithstanding the promotional preferences you indicate by either unsubscribing or opting out, we may continue to send you administrative emails including, for example, periodic updates to our Privacy Policy, confirmations, and order updates.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reasons why we use or disclose your health information for treatments are for payments, or health care operations. Examples of how we use/disclose your health information for treatment purposes are: setting up appointments/additional testing, faxing prescriptions for glasses and/or contact lenses, sending out medications to pharmacys or other providers, or referring you out to other physicians for healthcare needs.

Examples of how we use and disclose your health information for payment purposes are: confirming benefit and eligibility information with insurance companies, preparing and submitting bills or insurance claims. Collecting unpaid portions either ourselves or through a collections agency.

Healthcare operations mean those administrative and managerial functions that we must carry out in order to operate our office. Examples of how we use or disclose your health information for healthcare operations are as follows: financial or billing audits, internal quality assurance, personnel decision, participation in managed care plans, defense of legal matters, business planning, and outside storage of records.

OTHER DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION

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

1. When state or federal law mandates that certain health information be reported for a specific purpose, such as contagious disease reporting, investigation or surveillance, and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices.
2. Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence.
3. Disclosures for health oversight activities, for licensing of doctors, for audits by medicare, medicaid, or other insurance companies, or for investigation of possible violations of health care laws.
4. Disclosures for judicial and administrative proceedings, in response to subpoenas or order of courts or administrative agencies.
5. Disclosures for law enforcement purposes, to provide information about someone who is suspected to be a victim of a crime, or to provide and/or report information about a crime at our office or that happened somewhere to our knowledge.
6. Disclosure to a medical examiner to identify a dead person or to determine the cause of death, or to a funeral director to aid in burial, or to organizations that handle organ/tissue donation.
7. Uses of disclosures for health related research to prevent a serious threat to health and safety. For specialized government functions such as 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.
8. Disclosures of the de-identified information; disclosures relating to workmen's compensation programs, disclosures of a "limited date set" for research, public health, or health care operations; incidental disclosures that are an unavoidable by product of permitted uses or disclosures.
9. Disclosures 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.

Unless you object, we will also share relevant information about our 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 of payment for health care prior to your death, health information relevant to their involvement in your care unless doing so is inconsistent with our preferences as expressed to us prior to your death.

SPECIFIC USES AND DISCLOSURES OF INFORMATION REQUIRING AUTHORIZATION

The following uses world require your authorization, although, at this time our practice does not partake in such activities.

Marketing activities:

We must obtain your authorization prior to using or disclosing any of your health information for marketing purposes unless such marketing communications take the form of face-to-face communication we may make with individuals or promotional gifts of nominal value that we may provide. If such marketing involves financial payments from a third party your authorization must also include consent to such payment.

Sale of health information:

We do not currently sell or plan to sell health information and we must seek your authorization prior to doing so.

Psychotherapy notes:

Although we do not create or maintain psychotherapy notes in our practice, we are required to notify you that we generally must obtain your authorization prior to using or disclosing any health information.

YOUR RIGHTS TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Other uses and disclosures of your health information that are not described in the notice will be made only with your written authorization. You may give us written authorization permitting us to disclose your health information 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 application 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 of health care operations and is not otherwise required by law and such information pertains solely to a health care item or services for which you have paid in full.

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 the purpose of payment for services received by you prior to the date you revoked the authorization.

YOUR INDIVIDUAL RIGHTS

To request restrictions on your health information that we may use and disclose for treatment, payment and health care operations. We are not required to agree to these requests. To request restrictions, please send a written request to us at the address provided above.

To receive confidential communications of health information about you in any manner other than described in our authorization request form, you must make a request in writing. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations.

Request to inspect or copy your health information

We must comply with your written request for private health information regarding a specific healthcare item or service to not be disclosed to a health plan provider regarding payment if you paid out of pocket in full for that specific service or item.

Electronic health records (EHR)

We are required by law to produce an electronic copy of your private health information in a readily producible format if requested.

Breach notification

We are required by HIPAA to determine whether a breach of unsecured health information occurred and shall follow our internal policies standards on who to notify and how to address the incident.

Request to amend health information

If you feel that the documented health information on file is incorrect or incomplete, you have the right to amend this information. To request an amendment, you must have in writing 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. If it is not part of the health information kept by us or for us, or if it is accurate and complete.

To receive an accounting of disclosures of you health information

Requests should be in writing. Not all health information is subject to this request. Your request must state a time period for the information you would like to receive and can be no longer than 6 years prior to the day of your request. Requests may not include dates before April 14th 2008. Your request must state how you would like to receive your records i.e. paper or a formatted electronic copy.

Complaints:

If you believe your privacy rights have been violated, you may file a written complaint either with us or the federal government. We will not take any action against you or change our treatment of you in any way. To file a written complaint with us please address the compliance officer at our office to the address provided above.

To file a complaint with the federal government, please use the following contact information:

The U.S. Department of Health and Human Services

Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C 20201
Toll Free: 1-877-696-6775
http://www.hhs.gov/ocr/civilrights/complaints/index.html

Changes to our Notice of Privacy Practices:

We reserve the right to change/update our **Notice of Privacy Practices** and to apply the revised practices to health information as required by federal and state laws. Any revision to our privacy practices will be posted prominently in our facility. Copies of the Notice are available upon request, are available on our website.