

## PRIVACY PRACTICES NOTICE

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**THIS NOTICE DESCRIBES HOW PROTECTED 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 PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.**

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### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your Protected Health Information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We are further required to notify affected individuals following a breach of any unsecured PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2013, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable

law. We reserve the right to make the changes, in our privacy practices and the new terms of our notice, effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our vision care plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

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### Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use or disclose your protected health information to a vision care or other health care provider in order to provide treatment to you. For Example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

**Payment:** We may use and disclose your protected health information to pay claims from physicians, vision care providers and other providers for services delivered to you that are covered by your vision care plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the vision care plan in which you participate, and the like. We may disclose your protected health information to a health care provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

**Health Care Operations:** We may use and disclose your protected health information in

connection with our health care operations. Health care operations include:

- Rating our risk and determining our premiums for your vision care plan;
- Quality assessment and improvement activities;
- Reviewing the competence or qualifications of vision care professionals, evaluating vision care provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- Medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development; and
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your protected health information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the

competence or qualifications of vision care professionals, or detecting or preventing health care fraud and abuse.

**On Your Authorization:** Other uses and disclosures of PHI not covered by this Notice or applicable laws will be made only with your written permission. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this notice.

**Others Involved in Your Care: Unless you object,** we may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your vision care or with payment for your vision care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your protected health information to a person involved in your vision care or payment for your vision care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your protected health information based on our professional judgment of whether the disclosure would be in your best interest.

**Your Employer or Organization Sponsoring Your Group Health Plan:** We may disclose your protected health information and the protected health information of others enrolled in your group health care plan to the employer or other organization that sponsors your group health care plan to permit the plan sponsor to perform plan administration functions. For example, we may disclose the minimum necessary vision care claims information to the employer or other organization that sponsors your vision benefit for the purposes of obtaining payment for vision care services you received. Your employer or other organization sponsoring your Group Health Plan may contact us on your behalf concerning benefits, claims, coverage, etc. and we will provide the minimum necessary information to respond to the inquiry. Please see your group health plan document for a full explanation of the limited uses and disclosures that the plan sponsor may make of your

protected health information in providing plan administration.

We may also disclose summary information about the enrollees in your group health plan to the plan sponsor to use to obtain premium bids for the vision care insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan. The summary information will be stripped of demographic information about the enrollees in the group health plan, but the plan sponsor may still be able to identify you or other enrollees in your group health plan from the summary information.

**Underwriting:** We may receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of vision care insurance or vision care benefits. We will not use or further disclose this protected health information for any other purpose, except as required by law, unless the contract of vision care insurance or vision care benefits is placed with us. In that case, our use and disclosure of your protected health information will only be as described in this notice. We are prohibited from using or disclosing genetic information about an individual for underwriting purposes.

**Disaster Relief:** We may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit:** We may use or disclose your protected health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;

- To coroners, medical examiners, and funeral directors;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state worker's compensation laws.

**Health Related Services.** We may use your protected health information to contact you with information about vision care related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities.

We may use or disclose your protected health information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

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## Individual Rights

**Access:** You have the right to look at or get copies of your protected health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice or by visiting our website. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a cost-based fee for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since April 14, 2003. You must make a request in writing to obtain an accounting of all disclosures of your protected health information. You may obtain a form to request a disclosure accounting by using the contact information listed at the end of this notice or by visiting our website. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-

based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We must abide by the request if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and; the protected health information pertains solely to a healthcare item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full. You may obtain a form to request restrictions by using the contact information listed at the end of this notice or by visiting our website. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

**Confidential Communication:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. You may obtain a form to request confidential communications by using the contact information listed at the end of this notice or by visiting our website. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your vision care plan, including issuance of explanations of benefits to the subscriber of the vision care plan in which you participate. An explanation of benefits issued to the subscriber for vision care that you received for which

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you did not request confidential communications or about the subscriber or others covered by the vision care plan in which you participate may contain sufficient information to reveal that you obtained vision care for which we paid, even though you requested that we communicate with you about that vision care in confidence.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. You may obtain a form to request an amendment by using the contact information listed at the end of this notice or by visiting our website. We may deny your request if we did not create the information you want amended

and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

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## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using

the contact information listed at the end of this notice.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

This notice applies to all business administered by Davis Vision regardless of the underwriting entity or plan sponsor.

### Mailing Address:

Davis Vision - Privacy Office  
P.O. Box 1416  
Latham, New York 12110-1416

**Telephone:** 1-800-571-3366

**Fax:** 1-866-999-4640

**E-mail:** [PRIVACY@DAVISVISION.COM](mailto:PRIVACY@DAVISVISION.COM)

**Web Site:** [WWW.DAVISVISION.COM](http://WWW.DAVISVISION.COM)