Overview

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.

Purpose

The purpose of this notice is to:

- · Provide you with notice of Horner Eye Care's information protection practices, and
- Explain your rights as an individual about whom Horner Eye Care maintains information.

Responsibilities

Horner Eye Care is required to abide by the terms of this notice currently in effect by:

- Maintaining the privacy of your Protected Health Information.
- Notifying you of any breaches of your unsecured Protected Health Information, and
- Providing you with notice of our legal duties and privacy practices with respect to Protected Health Information.

Notice Revisions Horner Eve Care reserves the right to revise the terms of this notice, and to make the revised terms effective for all Protected Health Information that it maintains. If Horner Eye Care revises this notice, we will make the revised notice available on our website.

DEFINITIONS

Business Associate: A person or entity that uses Protected Health Information to perform a service for Horner Eye Care. These services may include, but are not limited to billing, claim processing, and data entry

Health Care Operations: Activities related to business operations, including claim transmission and customer issue resolution. Transmission or processing of claims. Payment:

Protected Health Information: Information relating to a patient's past, present or future health or condition, the provision of health care to a patient, or payment for the provision of health care to a patient. Protected Health Information includes, but is not limited to: • claim information • diagnosis information service date Social Security Number / Member ID Treatment: The provision, coordination or management of vision care and related services by one or more vision care providers.

PRIVACY PRACTICES

How HORNER EYE CARE Uses and Discloses Information About You

Horner Eye Care will only use and disclose your Protected Health Information without your authorization when necessary for:

coordination of your vision care treatment

- disclosure to your plan sponsor to the extent permitted by law
 - health care operations
- required or permitted by law (see "Use or Disclosure Required or Permitted by Law" section).

Disclosure to **Business Associates** Horner Eve Care will only disclose your Protected Health Information to Business Associates who have agreed in writing to maintain the privacy of Protected Health Information as required by law.

Use or Disclosure Requiring Authorization Horner Eye Care will not use or disclose your Protected Health Information for purposes other than those described in this notice. If it becomes necessary to disclose any of your Protected Health Information for other reasons, we will request your written authorization.

Revoking Authorization: If you provide written authorization, you may revoke it at any time in writing, except to the extent that Horner Eye Care has relied upon the authorization prior to its being revoked.

Use or Disclosure Required or Permitted by Law

Horner Eye Care may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure:

- Public Health: For public health activities or as required by the public health authority.
- Health Oversight: To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include, but are not limited to, government agencies that oversee the health care system, government benefit programs and regulatory programs and civil rights laws.
- Legal Proceedings: In response to an order of a court or administrative tribunal, in response to a subpoena, discovery request or other lawful process.
- · Law Enforcement: For law enforcement purposes, including:
- · legal process or as otherwise required by law;
- · use or disclosure related to a victim of a crime:
- · limited information requests for identification and location;
- if a crime occurs on Horner Eye Care's premises;
- suspicion that death has occurred as a result of criminal conduct;
 in a medical emergency where a crime has occurred.

• Criminal Activity: As requested by law enforcement authorities, if the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Use and Disclosure Examples

- Payment: Horner Eye Care uses Protected Health Information for payment processing to verify that services provided were covered under the patient's vision care plan.
- Health Care Operations: Horner Eye Care uses and discloses Protected Health Information to audit and review claims payment activity to ensure that claims were paid correctly.
- Treatment: To coordinate treatment by a health care provider.

Personal Representative

Horner Eye Care may disclose your Protected Health Information to a person who has legal authority to make health care decisions on your behalf.

Disclosure Requiring Opportunity to Object

Horner Eye Care may disclose your Protected Health Information to a family member, friend, or other person involved in your care or payment if the information is relevant to their involvement and you have agreed or had an opportunity to object.

Genetic Information

Horner Eye Care is prohibited from using or disclosing your genetic information for underwriting purposes

KNOW YOUR RIGHTS

Exercising Your Rights

You may exercise any of your below rights by sending us a written request.

Review Your Protected Health Information

You have a right to inspect and obtain a copy of your Protected Health Information. *Important:* If you feel your Protected Health Information is incomplete or incorrect, you have the right to request that it be amended.

Request to Restrict Your Protected Health Information You can request restrictions on the use and disclosure of your Protected Health Information. Horner Eye Care is not required to agree to a requested restriction.

Example: If a restriction request prevents us from providing service to you or from performing payment related functions, we will not be able to agree to the request.

Confidential Communication

When necessary, Horner Eye Care may seek to contact you by calling you at your home or by sending mailings containing your Protected Health Information to your home. If you feel that such communications could compromise your safety, you may request in writing an alternate communication method and/or location.

Important: Horner Eye Care may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual, and Horner Eye Care may, if and to the extent that applicable law allows, request payment for this service.

Examples: The patient may decide, for his or her safety, to have correspondence containing his or her Protected Health Information sent somewhere other than to his or her home, or to have the information

sent via fax rather than mailed.

Accounting of Disclosures

If a disclosure of your Protected Health Information was made for a reason other than treatment, payment or health care operations, you have a right to receive an accounting of the disclosure. *Important:* If the disclosure was made to you, Horner Eye Care will not provide an accounting.

Receive a Copy

You can view and print a copy of this Notice of Privacy Practices through HornerEyeCare.com.

Complaints

If you believe that your privacy rights have been violated, you may submit a complaint to Horner Eye Care or to the U.S. Secretary of Health and Human Services at any time. Horner Eye Care will not retaliate against you for filing a complaint. You may file a complaint with Horner Eye Care at Horner Eye Care.com or mailing to Horner Eye Care, 10016 Main Street, Richmond, IL 60071

CONTACT INFORMATION

Contact Horner Eye Care For questions about this

For questions about this notice or your privacy, contact us through HornerEyeCare.com or by mail: 10016 Main Street, Richmond, IL 60071

Phone: 815-678-3937