

FIRSTSIGHT VISION SERVICES, INC.
Notice of Privacy Practices -- Effective June 1, 2010

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this Notice, please contact our privacy officer:

FirstSight Vision Services, Inc.

Attn: President & CEO

1202 Monte Vista Avenue, Suite 17, Upland, CA 91786

1 (909) 920-5008 • info@firstsightvision.net • www.firstsightvision.net

1. Our Legal Duty. Federal and state laws require us to maintain the privacy of your health information and to give you this Notice of Privacy Practices. This Notice describes our privacy practices, our legal duties, and your rights concerning your health information. We are bound to follow these privacy practices from the effective date, until we replace this Notice.

2. Uses and Disclosures of Health Information. We collect health information about you and store it in a chart and electronically. The law permits us to use and disclose your health information in the following ways:

A. Treatment – To provide vision care and related health services to you. For example, we may share your health information with a doctor who treats you or consults with us about your health care, or with your optician who needs to verify your prescription. We may also use your health information to contact you for education about your health care treatment or a product recall.

B. Payment – So that we may bill and collect payment for our services to you. For example, we may use or disclose your information so that a bill may be sent to you, your health plan or a family member, or to another health plan that requires the information before paying us.

C. Healthcare Operations – In order to operate our health plan. For example, our quality assurance team may review and use your health record information to evaluate the care and outcomes in your case and others like it so that we improve the quality and effectiveness of our services. We may use and disclose this information to regulators or third party auditors for compliance programs, fraud and abuse detection and business management.

D. Business Associates – To our “business associates” who are third parties who perform administrative services for us and who typically include billing services, lawyers, accountants and consultants. We require our business associates to safeguard your health information properly.

E. Appointment Reminders – To contact you (through voicemail and email messages, postcards, or letters) about appointments. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the phone. We will try to accommodate all reasonable requests that you may make that we provide the information in a certain way.

F. Treatment Options – To inform you of treatment alternatives.

G. Release to Family/Friends/Caregivers – For your care. Our health professionals, using their professional judgment and experience, may disclose to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person’s involvement in your care or payment related to your care. We will give you an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians, unless otherwise prohibited by law.

H. Health Related Benefits and Services – To tell you about health-related benefits or services that may interest you. In face-to-face communications, such as appointments with your optometrist, we may tell you about other products and services that may interest you.

I. Newsletters and Other Communications – To communicate to you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, products, or other community-based activities in which we or our providers participate.

J. Disaster Relief – To coordinate your care. If a disaster occurs, we may disclose your health information to a relief organization to coordinate your care, or notify family and friends of your location and condition. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

K. Marketing – For marketing purposes. In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. We can give you promotional gifts of nominal value, however. We will not sell our patient lists or your health information to a third party without your written authorization, in accordance with federal and state laws.

L. De-identified Information – To create "de-identified" information. When we "de-identify" health information, we remove information that identifies you as the source of the information. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you. Once health information is properly de-identified, it can be used for commercial purposes.

M. Workers Compensation – To comply with laws. We may disclose your information to the extent authorized by, and necessary to, comply with workers compensation laws or other similar programs established by law.

N. Law Enforcement – We may release your health information:

- to identify or locate a suspect, fugitive, material witness, or similar person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our offices;
- to coroners or medical examiners;
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime;
- to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law;
- to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state; and
- to a correctional institution or law enforcement official having lawful custody of an inmate or patient.

O. Judicial and Administrative Proceedings: We may, and sometimes are required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

P. Public Health Activities: We may disclose medical information about you for public health activities. These activities generally include the following:

- licensing and certification carried out by public health authorities;
- prevention or control of disease, injury, or disability;
- reports of births and deaths;
- reports of child abuse or neglect;
- notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- organ or tissue donation; and
- notifications to appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure when required by law, or if you agree to the disclosure, or when authorized by law and in our professional judgment disclosure is required to prevent serious harm.

Q. Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

R. Personal Representative: We will treat any personal representative you have, such as a legal guardian, as if that person is you with respect to your health information disclosures.

S. Limited Data Set: We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.

3. Authorization for Other Uses of Health Information. You must authorize in writing any uses of health information not covered by our most current *Notice of Privacy Practices* or the laws that apply to us. You may authorize us in writing to use your health information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time, and we no longer will use or disclose your health information for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization. We are unable to take back any disclosures we have already made as you authorized and we are required to retain our records of the care we provided to you.

4. Your Information Rights. The records concerning the services we provide to you are our property and you have rights concerning your information contained within them. To exercise any of these rights, you must submit a request to the Privacy Officer, who has forms to help you make your request. You may also obtain paper copies of these forms from us.

A. Right to Obtain a Paper Copy: You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically.

B. Right to Inspect and Copy: You have the right to inspect and copy your health information in most circumstances. To access your health information, you must submit a written request to our Privacy Officer detailing the information you want to access and whether you want to inspect it or obtain a copy of it.

We may charge a reasonable fee, as allowed by California and federal law. We may deny your request to inspect and copy under limited circumstances, and you may request a review of the denial. If we deny your request to access the records of your child or an incapacitated adult who you represent because we believe your access would be reasonably likely to cause the patient substantial harm, you will have a right to appeal our decision.

If we keep your health information in an electronic health record, you have the right to request us to send you or another person/entity an electronic copy of your record. We may charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic record.

C. Right to Request Restrictions: You have the right to request restrictions on the health information we use or disclose about you for treatment, payment or healthcare operations. If you paid out-of-pocket for a specific item or service, you have the right to request that we not disclose health information about that item or service to a health plan for purposes of payment or health care operations, and we must honor that request. You also have the right to request a limit on the health information we communicate about you to someone who is involved in your care or the payment for your care. You must submit your request in writing to our Privacy Officer and specify what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. Except as noted above, we reserve the right to accept or reject your request and will notify you of our decision.

D. Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location and we will comply with all reasonable requests submitted in writing to our Privacy Officer. For example, you may request that we send information to a particular e-mail account or to your work address.

E. Right to Amend or Supplement: You have the right to request that we amend your health information that you believe is inaccurate or incomplete. You must make this request in writing to our Privacy Officer and give us the reasons why you believe the information is inaccurate or incomplete. We are not required to change the information and will provide you with information about any denial we may make. You have the right to request that we add to your record a statement of up to 250 words about any statement or item you believe is incomplete or incorrect.

F. Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your health information that we made, upon your written request, so long as it is an accounting that we are required by law to maintain. If an electronic health record is used, you have the right

to an accounting of protected health information disclosures for treatment, payment or healthcare operations for a 3-year period, including business associate disclosures.

G. Right to Receive Notice of a Breach: We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but no later than 60 days following the breach discovery. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) to render the protected health information unusable, unreadable, and undecipherable to unauthorized users. The breach notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on our Web site’s home page at www.firstsightvision.net, or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year. We will maintain a written log of breaches where less than 500 patients are involved.

H. Changes to this Notice of Privacy Practices: We will abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice at any time in the future, at which point the revised Notice provisions will apply to all protected health information that we maintain. A copy of the Notice that is current will be posted on-line at www.firstsightvision.net, or can be obtained from any FirstSight office, by calling the toll-free number above, emailing info@firstsightvision.net or by writing to the address provided at the end of this Notice.

I. California Laws: You are entitled to exercise any rights provided to you by California laws that are greater than those described herein. In the event that this Notice does not reference those greater rights, they shall be deemed incorporated into this Notice and will be afforded to you.

J. Complaints: Please direct any complaints you may have about this Notice or how we handle your health information, in writing, to our Privacy Officer listed at the top of this Notice. You may also submit a formal complaint to:

Region IX - AZ, CA, HI, NV, AS, GU
The U.S. Affiliated Pacific Island Jurisdictions
Office for Civil Rights, U.S. DHHS
90 7th Street, Suite 4 -100
San Francisco, CA 94103
OCRCComplaint@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/hipaahowto.pdf. We will not penalize you or retaliate in any way if you choose to file a complaint with us or the Department of Health and Human Services. There will be no retaliation for filing a complaint.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this Notice and would like additional information, you may contact the Privacy Officer at 1 (800) 841-2790.