

Moody Eye Care's Notice of Privacy Practices: Effective August 22, 2005

This notice describes how medical information about you may be used and disclosed and how you can get access to this information...please review carefully

We understand that medical information about you is personal and we are committed to protecting it. Moody Eye Care is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this Notice of our legal duties currently in effect and privacy practices with respect to your health information.

Moody Eye Care May Use or Disclose Your Health Information Under the Following Circumstances:

- For Treatment – to dispense and provide eye care and/or vision care products to you
- For Payment – so we can accurately bill you, your insurance company, and/or a third party
- For Eye Care Operations – so we track activities and make sure you receive quality vision services and products
- For Appointment Reminders and Vision Health Care Products – for reminder cards, to inform you about vision care products and services, and to recommend services that may be of interest to you
- For Individuals Involved in Your Care and/or Payment – to interact with a family member or friend who is involved your health care provided you agree to the disclosure or you have the opportunity to object. If unable to agree or object then we will use our best judgment as to which course of action is in your best interest.
- As Required by Law – to comply with federal, state, and/or local law
- To Avert a Serious Threat to Health or Safety – in relation to you, another person, or the public
- For Public Health Activities/Risk Prevention – Including activities to prevent or control disease or injury, report products with problems, and/or report neglect or abuse.
- For Health Oversight Activities – when requested by a health oversight agency, when authorized by law, so the government can monitor the health care system
- For Lawsuits and Disputes – in response to a court ordered subpoena, discovery request, or other legal request by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information.
- For Specialized Government Function – such as if you are in the armed forces, in legal custody, following certain requests by law enforcement officials, or for national security reasons.
- For Worker's Compensation claims

Except as described in this Notice, Moody Eye Care will not use or disclose your health information without your written authorization. If you do authorize Moody Eye Care to use or disclose your health information you can revoke this authorization at anytime by notifying us in writing. If you revoke your authorization this will stop any further use or disclosure of your health information, except where we have already acted on your permission.

You Have the Following Rights with Regards to Your Health Information:

- You have the right to request we follow special restriction when using or disclosing your health information for treatment, payment, health care operations, or to someone who is involved in your care or payment for care. Moody Eye Care is not required to agree to your request.
- With certain restrictions, you have the right to review and copy your health care information, including prescription and billing records. We have the right to refuse such a request. You can request such a denial be reviewed. Such a request must be made in writing. We have ten working days to respond to such a request.
- You have the right to request that Moody Eye Care amend your health care records if you find them to be incomplete and/or inaccurate. Such a request must be made in writing. We can deny such a request if the records are found to be complete and accurate. Such a written request will become part of your health information records.
- You have the right to request a full accounting of the use and disclosure of your health care information.
- You have the right to request that we communicate your health information with you in a certain way or at a certain location. We will accommodate all reasonable requests.

All written requests must be made to the current Moody Eye Care address. Moody Eye Care reserves the right to change or modify this Notice. This updated Notice will be in effect for all current and future health care information we have about you. You may obtain a copy of any updated Notice by written request.

If you have any questions or would like additional information about this Privacy Notice, please contact Moody Eye Care's HIPAA Coordinator. If you feel your privacy rights have been violated you may file a written complaint, for which there will be no retaliation, with either Moody Eye Care or with the Department of Health and Human Services.

By signing below, I acknowledge that I have received Moody Eye Care's Privacy Notice:

Signature of Patient or Parent/Legal Guardian

Date