

Notice of Privacy Practices

Dr. Simon Zmyslinski and Associates, P.L.L.C.

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

Our Legal Duty

We are required by applicable federal and state law to maintain this privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice when it is in effect. This notice takes effect April 14th, 2003, 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 reserved the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes.

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.

Users and Disclosures of Health Information

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care and service that you receive. Your health information is contained in a medical or optical dispensary record that is the physical property of Dr. Simon Zmyslinski and Associates, P.L.L.C.

How We May Use or Disclose Your Health Information

For Treatment

We may use or disclose your health insurance information to an optometrist, ophthalmologist, optician, or other healthcare providers providing treatment for you for:

- The provision, coordination, or management of health care providers;
- Consultation between health care providers relating to a patient/customer;
- The referral of a patient for health care from one health provider to another, or
- Appointment reminders and recall information

For Payment

We may use and disclose your health information to others for purposes of processing and receiving payment for treatment and services provided to you. This may include:

- Billing and collection activities and related data processing;
- Actions by a health plan or insurer to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determination of eligibility or coverage, adjudication or subrogation of health benefit claims;
- Medical necessity and appropriateness of care reviews, utilization or review activities; and
- Disclosure to customer reporting agencies of information relating to collection of payments.

For Health Care Operations

We may use and disclose your health information to others for purposes. For example, your health information may be disclosed to members of staff to:

- Evaluate the performance of our associates;
- Assess the quality of service, product and care in your case and similar cases;
- Learn how to improve our facilities and services;
- Conduct training programs or credentialing activities; and
- Determine how to continually improve the quality and effectiveness of the products, service, and care we provide.

Appointments, Treatment, and Quality Assurance

We may use your information to provide appointment reminder or recall notices (such as voicemail messages, postcards, or letters) or information about treatment alternatives or other health-related

benefits, products, and services that may be of interest to you. We may also contact you to conduct our own surveys about the quality of the products and services we provide.

To You, Your Family and Friends

We must disclose your health information to you, as described in the Your Health Information Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so, or if you are not able to agree, if it is necessary in our professional judgment.

Persons Involved In Care

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location or your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is direct relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of you best interest in allowing a person to pick up filled prescriptions, medical supplies, photos, or other similar forms of health information.

Required By Law

We may use and disclose information about you required by law. For example we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect, or domestic violence;
- To assist law enforcement officials in their law enforcement duties; or
- To assist public health officials avert a serious threat to the health or safety of you or any other person.

Decedents

Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation

Your health information may be used or disclosed for cadaver organ, eye or tissue donation purposes.

Research

We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of our health information has approved the research.

Government Functions

Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation

Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation

Marketing Health Products or Services

We will not use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to our health care needs. We will never sell your health information without your prior authorization.

Your Authorization

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at anytime. Your revocation will not affect any use or disclosure permitted by your authorization while in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

Your Health Information Rights

Access

You have the right to review or get copies of our health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format that you requested unless we cannot practically do so. You may be asked to make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice setting forth the specific information to which you desire access. If you request an alternative format, provided that it is practical for us to produce the information in such format we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your 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 health information for purposes other than treatment, payment, healthcare operations, where you have provided an authorization and certain other activities for the last 6 years, but not for disclosure made prior to April 14, 2003. 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.

Restriction

You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency)

Alternative Communication

You have the right to request in writing that we communicate with you about your health information by alternative means or to the alternative locations. Your request must specify the alternative means or locations, and provide satisfactory explanation how payments will be handled under the alternative means of location you requested.

Amendment

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. You may obtain a form to request an amendment to your health information by using the contact information listed at the end of this Notice.

Questions And Complaints

If you want more information about your privacy practice or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclose of your 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 support your right to the privacy of your health information. 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.

Contact Information

If you have any questions or complaints, please contact:

Privacy Office
Dr. Simon Zmyslinski and Associates, P.L.L.C.
9617 North Metro Parkway West, Suite #1000
Phoenix, Arizona 85051
Phone: (602) 678-4395

Thank you for entrusting Dr. Simon Zmyslinski and Associates, P.L.L.C. with your eye care and eye wear needs.