

#### HIPAA Policy Form

A detailed copy of Dr. Robyn Drago: Focus Eyecare "NOTICE OF PRIVACY, HIPAA" policy is available for your records. Please sign below that you have read and understood this notice. Please refer to CMS.org for complete details.

If under 18, Signature of responsible party

Assignment and Release

I authorize payment of benefits directly to Dr. Robyn Drago: Focus Eyecare for services rendered.

I also authorize release of any medical information that may be required in determination of such benefits.

I understand that some services may require prior approval from my primary care physician for coverage and that, if I do not obtain that approval, I am financially liable for services.

#### USES 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 Luxottica Retail. Your health information consists of any information, whether in oral or recorded form, that is created or received by us and individually identifies you, and that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you.

#### How We May Use or Disclose Your Health Information

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

- The provision, coordination, or management of health care and related services by health care providers;
- Consultation between health care providers relating to a patient/customer;
- The referral of a patient for health care from one health care 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, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims;
- medical necessity and appropriateness of care reviews, utilization review activities; and
- disclosure to consumer reporting agencies of information relating to collection of payments.

For Health Care Operations: We may use and disclose health information about you for health care operational purposes. For example, your health information may be disclosed 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;
- facilitate compliance functions, auditing and legal services;
- determine how to continually improve the quality and effectiveness of the products, service and care we provide, including customer satisfaction surveys and data analyses;
- properly manage our business, including acquisitions, mergers and consolidations; and
- communicate with you concerning (a) a health-related product or service that is provided by us, (b) your treatment, or (c) case management, care coordination or to recommend alternative treatments, therapies, providers or settings for care to the extent such activities are not within your current treatment. However, if we receive compensation for making a communication concerning another entity's products or services (other than payment for treatment), the communication is "marketing" and will require that we obtain your prior written authorization as described in the Marketing section, below.

Appointments, Treatment and Quality Assurance: We may use your information to provide appointment and refill reminders 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 health care or with payment for your health care, 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 directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your 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 as 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.

Personal Representatives; Decedent: We may disclose your health information to your personal representatives authorized under applicable law, such as a guardian, power of attorney for health care, or court-appointed administrator. Your health information may also be disclosed to executors, legally authorized family members, funeral directors or coroners to enable them to carry out their lawful duties upon your death.

We are also permitted to communicate with you regarding health-related products or services (including information about entities participating in our provider network or health plan), treatment, case management or care coordination (including recommending alternative treatments, providers or settings for care). However, if we will receive compensation (directly or indirectly) in return for making any such communications, we must first obtain your written authorization, unless the communication describes only a drug or biologic that is currently prescribed for you and any compensation we receive relates solely to the cost of making the communication. This requirement does not apply to any payment or compensation for providing treatment to you.

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 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 health information for any reason except those described in this Notice.

#### Contact Lens Policy Information (Applies to Contact Lens Patients)

As a contact lens patient, you agree to the following: • Discontinue contact lens wear and immediately contact your eye doctor if you experience any discomfort, redness, discharge, or trouble seeing with your contact lenses. • Extended wear and daily wear lens use should be carefully monitored and your eye doctor will inform you on when to replace your lenses and when to return for follow-up. Generally contact lenses replaced daily carry less risk of infection than those kept in overnight. • Benefits, risks, and alternatives to contact lenses including glasses and corrective laser surgery have been reviewed. • Specialty lens fits, such as for Keratoconus, may deviate from the standard pricing and is discussed with the patient prior to such fit. • Upon fitting, all patients are instructed on insertion, removal and proper lens care including hand washing prior to lens handling. • The lenses should be removed when sleeping (unless EW contact lenses), showering, or when swimming to decrease the risk of serious bacterial and fungal eye infections. • Return Policy: All contact lenses whether opened or not are non-returnable. • Solutions: The doctor will recommend the proper cleaning solution per patient needs. • Contact Lens Case: Contact lens case should be replaced every 3 months and cleaned in the morning after putting contact lenses in with solution and not water. Contact lenses, when removed, should be washed and rubbed with contact lens solution before being placed in the case with new solution. (refer to package insert for more detailed information) • Professional fees, upon being rendered, are not refundable. In the event that patients do not complete their fitting within 30 days, they are subject to a Contact Lens re-fitting fee