

Outpost Optical's Notice of Privacy Practices

Effective Date: 4/14/2003

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.

Outpost Optical 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 its legal duties and privacy practices with respect to your health information. We will not use or disclose medical information about you without your written authorization, except as described in this Notice.

How Outpost Optical May Use or Disclose Your Health Information

Outpost Optical protects the privacy of your health information. The law permits Outpost Optical to use or disclose your health information for the following purposes:

- Treatment, Payment and Regular Health Care Operations - Information obtained by our office will be used to dispense and provide prescriptions ophthalmic goods and services to you, bill your insurance carrier if you have third party coverage, and to record and monitor the service provided to you. Information will also be provided to you upon your request.
- As and When required by law - We may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities (for audits, investigations, etc.) Judicial and Administrative, Deceased Person Information, Worker compensation programs, Food & Drug Administration (FDA for reporting of adverse drug events and quality issuers), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.
- Personal communications - We may contact you to provide appointment reminders, annual eye examination cards, and other information about treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment for your care.
- Disclosures to Our business Associates - There are some services provided by us through contracts with business associates. When These services are contracted for, we may disclose health information about you to our business associate so that they can perform the job we have asked them to do and to bill you or your third-party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.
- Victims of Abuse, Neglect or Domestic Violence - We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

When Outpost Optical May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices Outpost Optical will not use or disclose your health information without your written authorization. If you do authorize Outpost Optical to use or disclose your health information for another purpose, you may revoke your authorization at any time. If your state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

You have the following rights with respect to your health information

- You have the right to request restrictions on certain uses and disclosures of your health information. To make such a request, you may, in writing request such restrictions. Outpost Optical is not required to agree with the restrictions you have requested.
- You have the right to inspect and copy your health information as long as Outpost Optical maintains the health information. Your health information usually will include prescription and billing records. To inspect or receive a copy of your health information, you may request in person at Outpost Optical or request in writing for this information. We may charge a reasonable fee for copies, postage and supplies that are necessary to fulfill the request.
- You have the right to request that Outpost Optical amend your health information that is incorrect or incomplete. To request an amendment, you may request in person at Outpost Optical or request in writing to amend your records. Outpost Optical is not required to change your health information, in certain circumstances, may deny your request for amendment. All denials will be made in writing. If Outpost Optical denies your request, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.
- You may request communications of protected health information by alternate methods. You have the right to request that we communicate confidential information to you by an alternate means. for example, you may request that we call you at your work telephone number when your prescription is ready. You must state how or where you would like to be contacted. We will accommodate all reasonable requests, we may require your requests to be in writing.

If you would like to exercise one or more of these rights, contact us in person or by mailing your request to:

Outpost Optical, HIPAA Coordinator, 206 Military Road, P.O. Box 1993, North Sioux City, SD 57049

Outpost Optical reserves the right to amend our practices and this Notice of Privacy Practices at any time in the future and to make the new Notice effective for all medical information we maintain. Until such amendment is made, Outpost Optical is required by law to comply with this Notice. The revised Notice will be posted and a paper copy will be available upon request.