

NOTICE OF PRIVACY PRACTICES

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 the 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 while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

CHANGES TO THIS NOTICE

We will abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. An updated version of the Notice may be obtained on-line at:

http://www.geocities.com/geraldgeist/Geist_Web_Page.html?1047495019937

or from the Privacy Officer, whose address is provided at the end of this Notice. Updated versions are also available at any of our retail vision centers.

NOTICE EFFECTIVE DATE

The effective date of this Notice is April 14, 2003.

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.

USES AND DISCLOSURES OF HEALTH INFORMATION

We disclose health information about you for treatment, payment, and healthcare operations. We also use this information for these purposes. For example:

Treatment: We may use your health information to provide optometric services to you. For example, we may disclose your health information to an ophthalmologist or other healthcare provider providing treatment to you in order to: (a) provide, coordinate, or manage the health care and related services that are provided to you by health care practitioners; (b) enable your health care providers to consult among themselves about your vision; (c) refer you to a new health care provider; or (d) to contact you in the event of a product recall. We may also use your health information for these purposes.

Payment: We may use and disclose medical information about you in order to be paid for the optometric services rendered to you. This may include contacting your health insurer to determine the existence of insurance coverage for the optometric services you receive, sending copies or excerpts of your health information to your health insurer to receive payment, and using your health information for our own internal management of the billing process. By way of example, a bill sent to your insurance company may include information that identifies you and the procedures used to provide services to you.

Appointment Reminders and Treatment Alternatives: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use your health information to provide you with information regarding services that we offer related to your healthcare needs.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations encompass all those activities that we as an optometric practice must do to run smoothly and efficiently and specifically include activities such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and conducting training programs, accreditation, certification, licensing or credentialing activities. For example, we may periodically review your chart, as well as those of other patients, in connection with these activities. As part of our health care operations, it may also become necessary for us to use and disclose your health information in connection with the healthcare operations of another company that has a relationship with you, such as an HMO.

Business Associates: We may use and disclose certain medical information about you to our business associates. A business associate is an individual or entity under contract with us to perform or assist us in performing a function or activity that requires us to disclose your health information to them. Examples of business associates include, but are not limited to, consultants, accountants, lawyers and third-party billing companies. We require the business associate to protect the confidentiality of your health information.

To You, Your Family and Friends: We must disclose your health information to you, as described in the Information Rights section of this Notice. We may disclose your health information to a family member, friend or other person to help with your healthcare or with payment for your healthcare, but only if you agree or do not object 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 assisting you to obtain health care services. 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 you become incapacitated, or during an emergency, we may disclose your health information to others, including health care providers, on the basis of our professional judgment. We will also use our professional judgment and our experience with common practice to make reasonable inferences in your best interest in allowing a person to pick up medical supplies or forms of health information.

Required by Law: We may use or disclose your health information when we are required to do so by law, including disclosures for use in judicial and administrative proceedings, or to law enforcement officials, or to the proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Public Health: We may use or disclose your health information in connection with public health activities, health oversight activities, and with worker's compensation matters. We may also disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose protected health information to a correctional institution or law enforcement official having lawful custody of an inmate or patient.

State Laws: The laws of the state where you are receiving your optometric services from us may provide greater rights to you. To the extent your state has such laws, they are described on the attachment to this Notice.

Your Authorization: In addition to our use and disclosure of your health information for the purpose described above, 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.

YOUR INFORMATION RIGHTS

Although all records concerning your services obtained from us are our property, you have the following rights concerning your information.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your information. We are not required to honor your request. We encourage you to make these requests in writing.

Right to Confidential Communications: You have the right to receive confidential communications of your information by alternative means or at alternative locations. For example, you may request that we contact you only at work or by mail. We require that you make this request in writing.

Right to Inspect and Copy: You have the right to inspect and copy your information in most circumstances. We require that you make this request in writing.

Right to Amend: You have the right to amend your health information in circumstances where you believe that information is inaccurate or incomplete. We require that you make this request in writing, and that you tell us why you believe that we should amend your information.

Right to an Accounting: You have the right to request and obtain an accounting of certain disclosures of your information. You must make this request in writing.

Right to Obtain Copy: You have the right to obtain a paper copy of this Notice upon request.

A request to exercise any of these rights must be submitted to the Privacy Officer. Forms to help you make your request are available from the Privacy Officer. You may also obtain paper copies of these forms from us.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Privacy Officer at **(570) 374-8559**. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, HIPAA, 200 Independence Avenue, S.W., Washington, DC 20201. To file a complaint with us, please contact: **Privacy Officer, Gerald Geist, OD, 701 South Route 11-15, Selinsgrove, PA 17870**. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.