

ENVISION LASER CENTERS 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.

Envision Laser Centers respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information without your authorization or unless the law authorizes or requires us.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, health care operations and to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

- If we request payment from your health insurance plan, health plans need information from us about your medical care. Information provided to health plans may include your diagnostic analysis, procedures performed, or recommended care.

For health care operations:

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to raise funds.
- We may use and disclose your information to conduct or arrange for services, including:
 - Medical quality review by your health plan;
 - Accounting, legal, risk management, and insurance services;
 - Audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of the Envision Laser Centers. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);

- Request that you receive a copy of your protected health information. You must make this request in writing. Envision Laser Centers has a form available for this type of request. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months;
- Have us review a denial of access to your health information;
- Ask us to amend your health information. You must give us this request in writing. Review of such requests may take up to 60 days to implement. We are not required to grant the request. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records.
- Request that you receive a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. You must make this request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Authorization requests cannot be cancelled if its purpose was to obtain insurance.

Our Responsibilities

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this notice by calling or stopping by our office.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Dave Vance, Privacy Officer
 1424 11th Avenue
 Altoona, PA 16601
 (814) 942-4001 or E-mail: dave_vance@envisionlasik.com

If you believe your privacy rights have been violated, you may discuss your concerns or deliver a written complaint to Dave Vance, Privacy Officer at the address and phone number above.

You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you file a complaint, we will not retaliate against you in any way.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to these uses or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- **With Medical Researchers**—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply With Workers' Compensation Laws**—if you make a workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:**
 - To prevent or reduce a serious, immediate threat to anyone's health or safety
 - To public health or legal authorities:
 1. To protect public health and safety
 2. To prevent or control disease, injury, or disability
 3. To report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Effective Date:

- The effective date of this Notice is June 1, 2004.

ACKNOWLEDGEMENT OF RECEIPT OF ENVISION LASER CENTERS NOTICE OF PRIVACY PRACTICES AND PATIENT CONSENT FOR USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR ENVISION LASER CENTERS TO CARRY OUT TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I have received Envision Laser Centers “Notice of Privacy Practices” (Privacy Notice). Envision Laser Centers has further explained my right to obtain a copy of the Privacy Notice prior to signing this Acknowledgment and Consent and has encouraged me to read the Privacy Notice carefully prior to my signing. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information (“PHI”). The Practice explained to me that the Privacy Notice would be available to me in the future at my request.

Envision Laser Centers has explained that the **Notice of Privacy Practices** describes in more detail how health information may be used and disclosed. Envision Laser Centers reserve the right to change its privacy practices that are described in its Privacy Notice in accordance with applicable law.

I understand and consent to the following appointment reminders that may be used by the Envision Laser Centers: (a) a postcard mailed to me at the address provided by me and (b) telephoning my home and leaving a message on my answering machine or with the individual answering the phone.

I understand that I have a right to request that Envision Laser Centers restrict how my PHI is used and/or disclosed to carry out treatment, payment and/or health care operations. However, Envision Laser Centers is not required to agree to any restrictions that I have requested. If the Practice agrees to a requested restriction, then the restriction is binding on the Practice.

Envision Laser Centers may use and/or disclose my PHI (which includes information about my health or condition and treatment provided) in to treat me and obtain payment for that treatment, and as necessary for Envision Laser Centers to conduct its specific health care operations.

I understand Envision Laser Centers maintains a record of the health care services that it provides to me. I understand I may request a copy of records pertaining to my care and receive more information by contacting Envision Laser Centers’ Privacy Officer. Envision Laser Centers will not disclose my record to others unless I direct Envision Laser Centers to do so or unless the law authorizes or compels Envision Laser Centers to do so.

I understand that this Consent is valid for a minimum of six years. I further understand that I have the right to revoke this Consent, in writing, at any time for all *future* transactions, with the understanding that any such revocation shall not apply to the extent that the Practice has already taken action in reliance on this consent.

I understand that if I revoke this consent at any time, the Practice has the right to refuse to treat me. I also understand that if I do not sign this Consent evidencing my consent to the uses and disclosures described to me above and contained in the Privacy Notice, the Practice will be unable to treat me.

By my signature below I acknowledge receipt of Envision Laser Centers’ Notice of Privacy Practices and I have read and understand the foregoing Consent notice.

Printed Name of Individual

Signature of Individual

Signature of Legal Representative

Relationship (e.g., Guardian, Parent if a minor)

Date Signed ____/____/____

Witness: _____