NOTICE OF PRIVACY PRACTICES FOR AMERICA’S BEST VISION PLAN MEMBERS
Effective September 1, 2016

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.

1. Our Legal Duty. Federal and state laws require us to maintain the privacy of your health information, to give you this Notice of Privacy Practices, and to notify affected individuals following a breach of unsecured protected health information. This Notice describes our privacy practices, our legal duties, and your rights concerning your health information. We are bound to follow these privacy practices from the effective date, until we replace this Notice.

2. Uses and Disclosures of Health Information. We collect health information about you and store it in a chart and electronically. The law permits us to use and disclose your health information in the following ways:

   A. Treatment. To provide vision care and related health services to you. For example, we may share your health information with a doctor who treats you or consults with us about your health care, or with your optician who needs to verify your prescription. We may use your health information to contact you for education about your health care treatment or a product recall. We may also use your information to contact you (through voicemail, text, email messages, postcards, or letters) about appointments, or to inform you of treatment options and alternatives.

   B. Payment. So that we may bill and collect payment for our services to you. For example, we may use or disclose your information so that a bill may be sent to you, your health plan or a family member, or to another health plan that requires the information before paying us.

   C. Healthcare Operations. In order to operate our health plan. For example, our quality assurance team may review and use your health record information to evaluate the care and outcomes in your case and others like it so that we improve the quality and effectiveness of our services. We may use and disclose this information to regulators or third party auditors for compliance programs, fraud and abuse detection and business management.

   D. Business Associates. To our “business associates” who are third parties who perform administrative services for us and who typically include billing services, lawyers, accountants and consultants. We require our business associates to safeguard your health information properly.

   E. Release to Family/Friends/Caregivers. For your care. Our health professionals, using their professional judgment and experience, may disclose
to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person’s involvement in your care or payment related to your care. We will give you an opportunity to object to such a disclosure whenever we practically can do so. We may disclose the health information of minor children to their parents or guardians, unless otherwise prohibited by law.

F. **Health Related Benefits and Services.** To tell you about health-related benefits or services that may interest you, such as appointments with your optometrist, and other products and services that may interest you.

G. **Disaster Relief.** To coordinate your care. If a disaster occurs, we may disclose your health information to a relief organization to coordinate your care, or notify family and friends of your location and condition. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

H. **Marketing.** For marketing purposes. We are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. We can give you promotional gifts of nominal value, however. We will not sell our patient lists or your health information to a third party without your written authorization, in accordance with federal and state laws.

I. **De-identified Information.** To create “de-identified” information. When we “de-identify” health information, we remove information that identifies you as the source of the information. Health information is considered “de-identified” only if there is no reasonable basis to believe that the health information could be used to identify you. Once health information is properly de-identified, it can be used for commercial purposes.

J. **Workers Compensation, Law Enforcement, and Other Government Requests.** We can use or share health information about you: for workers’ compensation claims; for law enforcement purposes or with a law enforcement office; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.

K. **Response to Lawsuits and Legal Actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

L. **Public Health Activities.** We may disclose medical information about you for public health activities, for example, licensing and certification carried out by public health authorities; preventing disease; helping with product recalls; reports of suspected abuse, neglect, or domestic violence; reporting adverse reactions to medications; or preventing or reducing a
serious threat to anyone’s health or safety.

M. Comply with Law. We can share information about you if state or federal laws require it, including with the Department of Health and Human Services to show our compliance with federal privacy laws.

N. Personal Representative. We will treat any personal representative you have, such as a legal guardian, as if that person is you with respect to your health information disclosures.

O. Limited Data Set. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.

3. Authorization for Other Uses of Health Information. You must authorize in writing any uses of health information not permitted by our current Notice of Privacy Practices or by law. You may authorize us in writing to use your health information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time, and we no longer will use or disclose your health information for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization. We are unable to take back any disclosures we have already made as you authorized and we are required to retain our records of the care we provided to you.

4. Your Rights. You have certain rights when it comes to your health information. This section explains your rights and some of our responsibilities.

A. Right to Obtain a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically.

B. Right to Inspect and Copy. You have the right to ask to inspect or receive an electronic or paper copy of your medical record and other health information. Ask our Privacy Officer how to inspect or obtain a copy. We will provide a copy or summary of your health information, usually within 30 days of a request. We may charge a reasonable, cost-based fee.

C. Right to Request Restrictions. You have the right to request restrictions on the health information we use or disclose about you for treatment, payment or healthcare operations. If you paid out-of-pocket for a specific item or service, you have the right to request that we not disclose health information about that item or service to a health plan for purposes of payment or health care operations, and we must honor that request. You also have the right to request a limit on the health
information we communicate about you to someone who is involved in your care or the payment for your care. You must submit your request in writing to our Privacy Officer and specify what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. Except as noted above, we are not required to agree with your request, and we may reject the request if it would affect your care.

D. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location (for example, home or office phone, or to a particular email address or physical address) and we will comply with all reasonable requests submitted in writing to our Privacy Officer.

E. Right to Amend or Supplement. You have the right to request that we amend your health information that you believe is inaccurate or incomplete. You must make this request in writing to our Privacy Officer and give us the reasons why you believe the information is inaccurate or incomplete. We are not required to change the information and will provide you with information about any denial we may make.

F. Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your health information that we made in the six years prior to the date of the request, so long as it is an accounting that we are required by law to maintain.

G. Changes to this Notice of Privacy Practices. We will abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice at any time in the future, at which point the revised Notice provisions will apply to all protected health information that we maintain. A copy of the Notice that is current will be posted online at www.abvisionplan.com, or can be obtained from any America’s Best Vision Plan office, by calling the toll-free number above, emailing membersservices@abvisionplan.com, or by writing to the address provided at the end of this Notice.

H. California Laws. You are entitled to exercise any rights provided to you by California laws that are greater than those described herein. In the event that this Notice does not reference those greater rights, they shall be deemed incorporated into this Notice and will be afforded to you.

I. Complaints. Please direct any complaints you may have about this Notice or how we handle your health information, in writing, to our Privacy Officer: President, America’s Best Vision Plan, 1202 Monte Vista Avenue, Suite 17, Upland, CA 91786; 1 (909) 920-5008; membersservices@abvisionplan.com • www.abvisionplan.com.

You may also submit a formal complaint to:
Region IX – AZ, CA, HI, NV, AS, GU
Office for Civil Rights, U.S. DHHS
The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. We will not penalize you or retaliate in any way if you choose to file a complaint with us or the Department of Health and Human Services.

FOR MORE INFORMATION OR TO REPORT A PROBLEM. If you have questions about this Notice and would like additional information, you may contact the Privacy Officer at 1 (800) 841-2790.