

**New York Vision Associates Inc.
185 Madison Avenue
New York, NY 10016**

PRIVACY NOTICE

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.

Effective April 14 2003

The privacy of your medical information is important to us. You may be aware that the U.S. government regulators established a privacy rule("HIPPA")governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

Luz Ponder is in charge of privacy matters at our office. You can contact her at 212-752-1212 if you desire further information, or have any questions or concerns.

Your Rights Although the records containing your medical information are the physical property of NEW YORK VISION, the information belongs to you. By law, you have the right to:

- Inspect and obtain a copy of your medical information. Generally, we will respond to your request within 30 days but, under certain circumstances, we may deny your request.
- Request a restriction on certain uses and disclosures of your medical information; however, we are not required to agree to a requested restriction.
- Request that we communicate with you by using alternative means or at an alternative location.
- Request an amendment of your medical information, if you believe it is inaccurate; however, we may deny your request for amendment if we believe your medical information is accurate.
- Request an accounting of certain disclosures we have made, if any, of your medical information.

- Revoke any authorization you have provided to use or disclose your medical information except to the extent that action has already been taken in reliance on such authorization.
- Obtain a paper copy of this Notice upon request.

You can exercise any of these rights by speaking with Luz Ponder by contacting her at 212-752-1212

Our Duties We are required by law to:

- Maintain the privacy of your medical information.
- Provide you with a copy of our Notice of Privacy Practices.
- Abide by the terms of our Notice of Privacy Practices.

How We May Use and Disclose Your Medical Information The following are *examples* of the types of uses and disclosures of your medical information that are permitted:

Treatment. We may use and disclose your medical information to provide, coordinate or manage your health care and any related services. For example, we may disclose your medical information to the doctors or technicians that care for you, even if the doctors or technicians are not affiliated with NEW YORK VISION.

Payment. Your medical information may be disclosed, as needed, to obtain payment from your insurance company or other person/party responsible for payment for services we provide to you. For example, we may disclose your medical information to your health plan to determine your eligibility or coverage for insurance benefits.

Health Care Operations. We may use or disclose your medical information for our internal operations, which include activities necessary to operate the NEW YORK VISION sites or programs from which you receive services. For example, we may use your medical information for quality improvement services to evaluate the care or other services provided to you. We may also use your medical information to evaluate the

skills and qualifications of our health care providers, or to resolve grievances within our organization.

Appointment Reminders and Treatment Alternatives. We may use and disclose your medical information to provide a reminder to you about an appointment you have with us for treatment or medical care. We may also use or disclose your medical information to tell you about or recommend possible treatment options or alternatives, or inform you of other health-related benefits and services, that may be of interest to you.

Other Permitted Uses and Disclosures We may use and/or disclose your medical information in a number of circumstances in which it is not required that we obtain your consent or authorization, or provide you with an opportunity to agree or object. Those circumstances include:

- Unless you object, we may disclose your medical information to a family member, relative, close personal friend or other person that you identify.
- We may be required by law to disclose your medical information.
- We will make your medical information available to you and

the Secretary of the Department of Health and Human Services.

- We may disclose your medical information to a public health agency to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies or equipment that we use.
- We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- We may disclose your medical information as authorized by law to comply with workers' compensation laws.

- We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful process.

- We may disclose your medical information to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.

- We may use or disclose medical information for research purposes when the research received approval of an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

- If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veteran's benefits, for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.

- We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.

- We may disclose your medical information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

- We may use or disclose your medical information to prevent or avert a serious threat to your health or safety, or the health or safety of other persons.

- We may disclose your medical information to a health oversight agency that is authorized by law to oversee our operations.

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the law enforcement official or correctional institution. This disclosure is required for the institution to provide health care to you, to protect the health and safety of others, or to protect the health and safety of law enforcement personnel or correctional facility staff.

Other Uses and Disclosures of Medical Information Other uses and disclosures of your medical information not covered by this Notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your medical information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care or services that we have provided to you.

Changes to this Notice We reserve the right to change our privacy practices and/or this Notice. If we revise this Notice, the revised Notice will be effective for all medical information we maintain. Any revised Notice will be available by accessing our website,

I have received a paper copy of this notice

Signature

Print Name

Date