

Notice of Privacy Practices



Effective September 23, 2013

OVERVIEW

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.

Purpose: The purpose of this notice is to:

- Provide you with notice of VSP Labs, Inc., (“VSP Labs”), information protection practices, and
- Explain your rights as an individual about whom VSP Labs maintains information.

VSP Labs’ Responsibilities: VSP Labs is required to abide by the terms of this notice currently in effect by:

- Maintaining the privacy of your Protected Health Information,
- Notifying you of any breaches of your unsecured Protected Health Information, and
- Providing you with notice of our legal duties and privacy practices with respect to Protected Health Information.

Notice Revisions: VSP Labs reserves the right to revise the terms of this notice, and to make the revised terms effective for all Protected Health Information that it maintains. If VSP Labs revises this notice, we will make the revised notice available on our website.

DEFINITIONS

Business Associate: A person or entity that uses Protected Health Information to perform a service for VSP Labs. These services may include, but are not limited to:

- Billing
- Claim processing
- Data entry

Health Care Operations: Activities related to VSP Labs' operations, including but not limited to:

- Claim transmission
- Customer issue resolution

Payment: Transmission or processing of claims.

Protected Health Information: Information relating to a patient's past, present or future health or condition, the provision of health care to a patient, or payment for the provision of health care to a patient. Protected Health Information includes, but is not limited to:

- Patient name
- Social Security number/member ID
- Service date
- Diagnosis information
- Claim information

Treatment: The provision, coordination or management of vision care and related services by one or more vision care providers.

PRIVACY PRACTICES

How VSP Labs Uses and Discloses Information About You: VSP Labs will only use and disclose your Protected Health Information without your authorization when necessary for:

- coordination of your vision care treatment
- disclosure to your plan sponsor to the extent permitted by law
- payment
- health care operations, or
- as required or permitted by law (please see "Use or Disclosure Required or Permitted by Law" section).

Disclosure to VSP Labs' Business Associates: VSP Labs will only disclose your Protected Health Information to Business Associates who have agreed in writing to maintain the privacy of Protected Health Information as required by law.

Use or Disclosure Requiring Authorization: VSP Labs will not use or disclose your Protected Health Information for purposes other than those described in this notice. If it becomes necessary to disclose any of your Protected Health Information for other reasons, VSP Labs will request your written authorization. VSP Labs will obtain

your authorization for any sale of Protected Health Information, to use or disclose your Protected Health Information for marketing.

Revoking Authorization: If you provide written authorization, you may revoke it at any time in writing, except to the extent that VSP Labs has relied upon the authorization prior to its being revoked.

Use or Disclosure Required or Permitted by Law: VSP Labs may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure:

- **Public Health:** For public health activities or as required by the public health authority.
- **Health Oversight:** To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Legal Proceedings:** In response to an order of a court or administrative tribunal, in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** For law enforcement purposes, including:
 - legal process or as otherwise required by law;
 - limited information requests for identification and location;
 - use or disclosure related to a victim of a crime;
 - suspicion that death has occurred as a result of criminal conduct;
 - if a crime occurs on VSP Labs' premises; or
 - in a medical emergency where it is likely that a crime has occurred.
- **Criminal Activity:** As requested by law enforcement authorities, if the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Use and Disclosure Examples:

- **Payment:** VSP Labs uses Protected Health Information for payment processing to verify that services provided were covered under the patient's vision care plan.
- **Health Care Operations:** VSP Labs uses and discloses Protected Health Information to audit and review claims payment activity to ensure that claims were paid correctly.
- **Treatment:** To coordinate treatment by a health care provider.

Personal Representative: VSP Labs may disclose your Protected Health Information to a person who has legal authority to make health care decisions on your behalf.

Disclosure Requiring Opportunity to Object: VSP Labs may disclose your Protected Health Information to a family member, friend, or other person involved in your care or payment if the information is relevant to their involvement and you have agreed or had an opportunity to object.

Genetic Information: VSP Labs is prohibited from using or disclosing your genetic information for underwriting purposes.

KNOW YOUR RIGHTS

Exercising Your Rights: You may exercise any of your below rights by sending us a written request.

Review Your Protected Health Information: You have a right to inspect and obtain a copy of your Protected Health Information.

Important: If you feel your Protected Health Information is incomplete or incorrect, you have the right to request that it be amended.

Request to Restrict Your Protected Health Information: You can request restrictions on the use and disclosure of your Protected Health Information. VSP Labs is not required to agree to a requested restriction.

Example: If a restriction request prevents us from providing service to you or from performing payment related functions, we will not be able to agree to the request.

Confidential Communication: When necessary, VSP Labs may seek to contact you by calling you at your home or by sending mailings containing your Protected Health Information to your home. If you feel that such communications could compromise your safety, you may request in writing an alternate communication method and/or location.

Important: VSP Labs may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual, and VSP LABS may, if and to the extent that applicable law allows, request payment for this service.

Examples: The patient may decide, for his or her safety, to have correspondence containing his or her Protected Health Information sent somewhere other than to his or her home, or to have the information sent via fax rather than mailed.

Accounting of Disclosures: If a disclosure of your Protected Health Information was made for a reason other than treatment, payment or health care operations, you have a right to receive an accounting of the disclosure.

Important: If the disclosure was made to you, VSP Labs will not provide an accounting.

Receive a Copy: You can view and print a copy of this Notice of Privacy Practices through vspopticsgroup.com.

Complaints: If you believe that your privacy rights have been violated, you may submit a complaint to VSP Labs or to the U.S. Secretary of Health and Human Services at any time. VSP Labs will not retaliate against you for filing a complaint. You may file a complaint with VSP Labs at vspopticsgroup.com.

Nondiscrimination Statement: VSP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Contact Information: If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us at the following address, telephone number, or email:

VSP Global
Attention: Privacy Specialist
3333 Quality Drive
MS-163
Rancho Cordova CA 95670
916-858-7432
HIPAA@vsp.com

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