



HIPAA Privacy Policy

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 EyeMax's information protection practices, and
- Explain your rights as an EyeMax member

EYEMAX'S RESPONSIBILITIES

EyeMax 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

EyeMax 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 EyeMax revises this notice, we will make the revised notice available on our website and include information about the changes in our next annual mailing.

DEFINITIONS

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

- Billing
- Claim processing
- Data entry

Health Care Operations - Activities related to EyeMax operations, including but not limited to:

- Quality assessment and improvement
- Doctor performance evaluations
- Fraud and abuse detection
- Claim payment
- Claim audits
- Customer issue resolution

Payment - EyeMax collection of insurance premiums or its determination and payment of claims

Protected Health Information - Information related to an EyeMax patient's past, present or future health or condition, the provision of health care to an EyeMax patient, or payment for the provision of health care to an EyeMax 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 EyeMax Uses and Discloses Information About You

EyeMax 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 EyeMax's Business Associates

EyeMax 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

EyeMax 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, EyeMax will request your written authorization. EyeMax will obtain your authorization for any sale of Protected Health Information, or 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 EyeMax has relied upon the authorization prior to its being revoked.

Use or Disclosure Required or Permitted by Law

EyeMax 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 EyeMax's 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:** EyeMax uses Protected Health Information for payment processing to verify that services provided were covered under the patient's vision care plan.
- **Health Care Operations:** EyeMax 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:** EyeMax 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

EyeMax 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

EyeMax 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 calling our Member Services Department at (844) 393-6297.

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. EyeMax 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, EyeMax 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: EyeMax 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 EyeMax 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, EyeMax will not provide an accounting.

Receive a Copy

You may request a copy of this privacy notice from your Benefit Administrator or request a paper copy from EyeMax.

Complaints

If you believe that your privacy rights have been violated, you may submit a complaint to EyeMax or to the California Department of Managed Health Care (DMHC), toll free at 1-888-HMO-2219 and/or TDD line at 1-888-688-9891 for speech and hearing impaired, at any time. EyeMax will not retaliate against you for filing a complaint. You may file a complaint with EyeMax by calling our Member Services Department at (844) 393-6297.

CONTACT INFORMATION

Contact EyeMax

For questions about this notice or your privacy, contact our HIPAA Privacy Officer through our Member Services Department at (844) 393-6297.