

Mobile Vision Care

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.

Mobile Vision Care, Inc. ("MVC") provides ophthalmic consultative services and eyewear to patients who are homebound or who reside in a nursing facility, skilled nursing facility, assisted living center, group care home or other location where they may require assistance with activities of daily living. MVC provides these services through employee or contract labor personnel. During the normal course of business MVC will collect and disclose medical information about you. MVC does not provide care to patients in an office setting but does conduct health care operations out of an office building located at 4600 Greenville Suite #292 Dallas, Tx 75206. All patient records are located in our office except in transport during the normal course of business. We may keep electronic records at other locations for data backup purposes.

We are required by law to maintain the privacy of your Protected Health Information ("PHI") and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of the notice currently in effect.

We reserve the right to change our information practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes in a physical place within our office. A copy of the revised notice will be available after the effective date of the changes upon request in writing.

We will disclose PHI about you for the following reasons:

For Treatment

We may disclose your PHI to practitioners and other health care personnel when necessary for treatment or consultation purposes. If you live in a group facility we may disclose your PHI to facility personnel for treatment, payment or other purposes directly related to your health care and payment for the care you receive. We may disclose your PHI to your responsible party, caretaker, guardian or power of attorney for informational or consultative purposes. If unable to contact the person directly we may leave them a message at the number provided. i.e. on an answering machine

For Payment

We may disclose your PHI to health plans, insurance companies, clearinghouses, banks, trust account guardians, and other payment sources as needed for payment purposes. If you live in a group facility we may disclose your PHI to facility personnel for payment of the care you receive. We may disclose your PHI to your responsible party, caretaker, guardian or power of attorney for informational, payment or consultative purposes. If unable to contact the person directly we may leave them a message at the number provided. i.e. on an answering machine

For Health Care Operations

We may disclose your health care information for our regular health care operations. These uses and disclosures are necessary for normal management of our operations. This disclosure includes third party vendors for the production of eyewear and other 'Business Associates'. Other business associates include accountants, consultants and attorneys. We require the business associates to safeguard the information provided so that it is protected.

For Appointments, Marketing and Fund Raising

We may contact you or your designated responsible party for regarding appointments. We may also contact you or your designated responsible party regarding information about treatment alternatives or other health-related benefits and services that may be of interest or benefit to you. We may also contact you or your responsible party to raise funds for the practice.

Mobile Vision Care

Law Enforcement

We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Your Rights As An Individual

Right to Request Restrictions: You may request us to restrict uses or disclosures of your PHI for treatment, payment or health care operations. You also have the right to restrict the PHI we disclose about you to your responsible party. We are not required to agree to the restriction and we may decide not to provide you with treatment or services.

Right of Access to PHI: You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. Such requests must be made in writing. Once the request is received the records will be provided to you in a reasonable timeframe. We may charge a reasonable fee i.e. \$50 for photocopy, postage and handling of your request. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to PHI, in some cases you will have a right to request review of the denial.

Right to Request Amendment: If you believe the information contained in your PHI is incorrect or if information is missing you may request that we make correction or addition. Such requests must be made in writing and must provide a reason to support the amendment. We may deny your request for amendment in certain circumstances. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of PHI Disclosure: You have the right to request an "accounting" of our disclosures of your PHI. This is a listing of certain disclosures of your PHI made by us or by others on our behalf but does not include disclosures for treatment, payment or health care operations or certain other exceptions. To request an accounting of disclosures you must submit a request in writing stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests we may charge you a fee not to exceed \$50.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice. You may request a copy of this notice at any time.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location.

Right to Revoke Authorization: You may revoke an authorization to use or disclose PHI, except to the extent that action has already been taken. This request must be made in writing.

For More Information or to Report A Problem

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with us you may contact the Privacy Officer at 214-363-5991.

We will not retaliate against you if you file a complaint.

If you have any questions about the Notice or would like further information concerning your privacy rights please contact the Privacy Officer at 214-363-5991.

Effective Date: April 14, 2003