

# Medical Eye Services, Inc.

## Notice of Privacy Practices

Effective April 14, 2003  
Revised August 2013

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

### **Permitted Uses and Disclosures-**

This notice explains the ways that we may use and disclose your protected health information and your rights as a patient concerning your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present, and future physical or mental health condition, the provision of health care to you, or the payment for that care. The types of uses and disclosures of your protected health information that we may make without your authorization include the following:

- **Treatment.** We may use and disclose your protected health information to assist your vision care providers (ophthalmologists, opticians, optometrists) in the delivery of your eye care services. For example, we are permitted to disclose your protected health information to participating providers for eligibility verification of covered benefits.
- **Payment.** We may use and disclose your protected health information in order to pay for your covered vision benefits. For example, we may use your protected health information to process claims or be reimbursed by another insurer or health plan that may be responsible for payment.
- **Health Care Operations.** We may use and disclose your protected health information in order to administer your vision plan. An example of these activities include: quality assurance, data management and customer service, as well as disclosure for underwriting purposes.
- **Plan Sponsor.** If you are enrolled in a vision plan administered by Medical Eye Services, we may provide summaries of services and benefits that you have received as an enrollee in a group health plan to the plan sponsor, who is usually the employer.
- **Enrolled Dependents and Family Members.** We may mail benefit information and other mailings containing protected health information to the address we have on record for the enrollee of the vision plan.

### **Other Permitted or Required Disclosures.**

- **As Required by Law.** We must disclose protected health information about you when required to do so by law.
- **Health Oversight Activities.** We may disclose protected health information to government oversight agencies (i.e.; state insurance departments) for activities authorized by law.
- **Judicial and Administrative Proceedings.** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement.** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **Special Government Functions.** We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

Any other uses and disclosures not described in this notice will be made only with your written authorization.

## **Individual Rights**

You, as a patient, have the following rights with respect to your protected health information maintained by Medical Eye Services:

- **Right to Access Your Protected Health Information**  
You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment and claims records. Your request to review and/or obtain copies of your records must be made in writing and we may charge a fee for the cost of producing, copying, and mailing your requested information, but we will tell you in advance.
- **Right to Amend Your Protected Health Information**  
If you feel that the protected health information maintained by Medical Eye Services is incorrect or incomplete, you may request that we amend the information. Your request must be submitted in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us or you ask to amend a record that is already accurate and complete.
- **Right to Accounting of Disclosures**  
You have a right to request an accounting of disclosures of your protected health information made by Medical Eye Services or its participating providers. Your request must be in writing and state the period of time for which you want the accounting. The requested period of time may not be longer than six (6) years prior to the date of the request. The list will not include disclosures to carry out treatment, payment, and health care operations and to individuals about themselves, and disclosures made before the Privacy Rules compliance date (April 14, 2003).
- **Right to Request a Restriction on Uses & Disclosures of Your Protected Health Information.**  
You have a right to request a restriction on the uses and disclosures of your protected health information that pertains to treatment, payment, & health care operations and/or to request the restriction of disclosure to a family member, other relative, or a close personal friend. Medical Eye Services (MES) is not required to agree to a requested restriction. All requests will be considered but may be declined if it would inhibit our ability to administer your vision plan.
- **Right to Receive Confidential Communications**  
You have a right to request confidential communications from MES or its participating providers by reasonable alternative means or at reasonable alternative locations. We will accommodate all reasonable written requests, if possible.
- **Right to Receive a Paper Copy of this Notice from MES upon request.**  
You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to obtain it from the Medical Eye Services' website at [www.mesvision.com](http://www.mesvision.com).
- **Right to Opt Out of Fundraising Communications.**  
You have the right to opt out of fundraising communications, if Medical Eye Services intends to contact you to raise funds for Medical Eye Services.
- **Right to Breach Notification.**  
You have the right to or will receive notification of breaches of your unsecured PHI.

## **Duties of Medical Eye Services**

- Medical Eye Services abides by the terms of the Notice of Privacy Practices currently in effect. MES reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. A revised Notice will be available on the Medical Eye Services website or through Customer Service at 1-800-877-6372.
- Medical Eye Services requires its employees to follow security procedures that limit access to your protected health information to those employees who need it to perform their job responsibilities. In addition, Medical Eye Services maintains physical, administrative, and technical security measures to safeguard your protected health information.

**Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with Medical Eye Services and/or with the Secretary of the Department of Health and Human Services. All complaints to Medical Eye Services must be made in writing and sent to the Benefit Resolutions Department at the address stated below.

**Contact**

To exercise any of the rights explained above, please contact the Benefits Resolutions Department in writing at P.O. BOX 25209, Santa Ana, CA 92799 or call Customer Service at 1-800-877-6372.