

# CUSTOM EYES NOTICE OF PRIVACY PRACTICE

This Document tells how medical information may be used and disclosed and how you can get access to this information. Please review it carefully. At **CustomEyes, Ilc.** we are committed to the protection of your personal information

## HOW CUSTOM EYES Ilc. MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your health information:

**\*For Treatment.** To dispense and provide prescription ophthalmic goods and services to you.

**\*For Payment.** So that your vision services may be billed to and payment may be collected from you, your insurance company, or third party

**\*For Health Care Operations.** For activities necessary to operate an Optical business and to indorse customer service. Such as notifications of orders, balances etc. This would include electronic messages and for you have access to our web store.

**\*For Appointment Reminders and Health-Related Products and Services.** Including but not limited to annual reminder calls and notices to inform you about Health related products and services. Or recommend possible treatment alternatives that may be of interest to you.

**\*To Individuals Involved in Your Care or Payment for Your Care.** Including a family member or friend who is involved in your medical care or payment for your care, Provided that you agree to the disclosure , or we give you an opportunity to object to the disclosure. If you are not available or are unable to agree or object, we will use our best judgment to decide whether this disclosure is in your best interest.

**\*As Required by Law** To comply with Local, State and Federal Law.

**\* To Avert a Serious Threat to Health or Safety.** In relation to you, another person, or the public. Any disclosure would be only to someone able to avert the threat.

**\*For Public Health Activities/Risk Prevention.** Including activities to prevent or control disease or injury; report problems with products; or, report abuse or neglect.

**\*For Health Oversight Activities.** When requested by a health oversight agency, where authorized by law, for activities necessary for the government to monitor the health care system, including audits, investigations, inspections and licensure.

**\*For Lawsuits and Disputes.** In response to a court or administrative order, a subpoena, a discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting that information.

## Other Uses and Disclosures of Your Health Information

Except as described in this Notice, CUSTOM EYES will not use or disclose your health information without your written authorization. You may revoke authorization in writing at any time. This will stop any further use or disclosure of your health information, except if we have already acted on your permission

## Destruction of your Health records

In accordance to subsection 7 of **NRS 629.051** CustomEyes LLC. May destroy your health records after a period of 5 years provided that the patient is over the age of 23 and has met the five year retaining period.

## You Have the following Rights with Respect to Your Health Information.

\* You have the right to request that we follow special restrictions when using or disclosing your health information. CUSTOM EYES is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment and other exceptions pursuant to law.

\* With certain exceptions, you have the right to inspect and copy your health information, Usually, such information includes prescription and billing records. We may deny your request to inspect and copy in certain limited circumstances, in which case you may request that the denial be reviewed.

\* You have a right to request an accounting of disclosures of your health information. This is a list of disclosures we made of your health information, other than for treatment, payment, healthcare operations, and other exceptions pursuant to law. You must specify the time period, by which may not be longer than six years and may not include dates before February 1, 2008

## CHANGES TO THIS NOTICE

CUSTOM EYES reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Office next to the Front Desk. If we change our Notice you may request a current copy by mail at: Custom Eyes Ilc. P.O. BOX 230747 Las Vegas, NV. 89105-0747