

THREE RIVERS OPTICAL COMPANY, INC.
Notice of Privacy Practices

Effective Date: April 1, 2003

**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.**

Three Rivers Optical Company, Inc. (the "Company") is required by law to maintain the privacy of your medical information and to provide you with notice of its legal duties and privacy practices with respect to this information. The purpose of this notice is to provide you with that information.

Any information that is about your health, the health care you receive, or payment for that care is considered confidential and protected by the Company. In general, however, the only "medical information" received from your eye care professional and maintained by the Company includes the correction needed to manufacture your lenses and information needed to bill your insurance company for the lenses. We are required to abide by the terms of the notice that is currently in effect at the time your medical information is used or disclosed.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all medical information that we maintain. We will post a copy of the current notice in our office. In addition, each time you come to the Company for treatment or health care services, you may request a copy of the current notice in effect.

<p>SECTION A WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.</p>
--

The following is a description and example of the ways in which we may use and disclose your medical information:

- **For Treatment:** We may provide medical information about you to health care providers, other Company personnel, or third parties who are involved in the provision, management or coordination of your care. For example:
 - **Health Care Professionals:** Your medical information will be shared among the eye care professionals involved in your care.
- **For Payment:** We may use or disclose your medical information so that we can collect or make payment for the lenses you receive or are going to receive. For example:
 - **Insurance:** If you participate in an insurance plan, we will disclose necessary information to that plan to obtain payment for your care.

We may also disclose your medical information to another health care provider, a health plan, or a health care clearinghouse for the payment activities of that entity.

- **For Health Care Operations:** We may use or disclose your medical information for our activities and operations. These uses and disclosures are necessary to run our company and to make sure that all individuals for whom we manufacture lenses receive quality lenses. For example:
 - **Sale:** We may need to disclose your medical information if we ever sell or transfer our business.

For quality-related or insurance fraud and abuse activities, if you have or had a relationship with another health care provider, a health plan, or a health care clearinghouse, we may also disclose your medical information to that entity for those types of health care operations.

SECTION B
WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR WRITTEN
AUTHORIZATION.

I. ***The following is a description of ways in which we may use and disclose your information for which an authorization or an opportunity to agree or object is not required:***

- **As Required By Law:** We may use or disclose your medical information to the extent required by law, provided that the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public Health Activities:** To the extent authorized or required by the Food and Drug Administration (“FDA”), we may disclose your medical information to a person or organization authorized to report adverse events, track products, enable product recalls, repairs, or replacement, and/or conduct post marketing surveillance of lenses that we provide to you. This means we may disclose to non-governmental persons information about the quality, safety and effectiveness of FDA regulated products and activities.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for appropriate oversight of the health care system, government benefit and regulatory programs, and compliance with civil rights laws.
- **Judicial and Administrative Proceedings:** We may disclose medical information about you as required by a court or administrative order, or under certain circumstances in response to a subpoena, discovery request or other legal process.
- **Personal Representative:** We may disclose your information to a person who has the authority, under the law, to act on your behalf in making decisions related to health care.

II. ***The following is a description of ways in which we may use and disclose your information after we have given you an opportunity to object.*** We will attempt to obtain your permission prior to making a disclosure for these purposes. This permission may be oral. If we are unable to obtain your permission because you are incapacitated or we are unable to reach you, we may use or disclose some or all this information, if (1) based on our professional judgement use or disclosure is in your best interest or (2) use or disclosure of this information is consistent with your previously expressed preference.

- **Individuals Involved in Your Care or Payment for Your Care:** We may release relevant medical information about you to a friend or family member who is involved in your medical care.

SECTION C
WE MAY USE OR DISCLOSE YOUR MEDICAL
INFORMATION FOR OTHER PURPOSES ONCE WE HAVE
OBTAINED YOUR WRITTEN AUTHORIZATION.

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke this authorization, in writing, at any time. However, this revocation will not apply to the extent we have taken action in reliance on that authorization. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer will have a right to contest a claim under the policy.

SECTION D
YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you for notification purposes or to someone who is involved in your care or the payment of your care, like a family member or friend.

We are 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.

To request a restriction, you must make your request in writing to our Privacy Officer. The requested restriction will not be effective unless and until it has been reviewed and approved by the Privacy Officer. For purposes of ensuring proper documentation, we may require that you make your request using a form that we give you.

We may terminate an agreed upon restriction without your consent. In that situation, the restriction will only apply to protected health information created or received before you were informed of the termination of the restriction.

- **The Right to Receive Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. In general, all of our communications will be made to your eye care professional.
- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your medical information maintained at the Company; you must submit your request in writing to our Privacy Officer. For purposes of ensuring proper documentation, we may require that you make your request using a form that we give you. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Company. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. For purposes of ensuring proper documentation we may require that you make your request using a designated form.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if you ask us to amend information that (1) was not created by us; (2) is not part of the medical information kept by or for the Company; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete. In general, our information consists of the information supplied by your eye care professional about you. Therefore, requests to amend medical information should be directed at your eye care professional and not the Company.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures. This is a list of the disclosures we made of medical information about you. You have the right to request an accounting of certain disclosures by the covered entity that were made after April 14, 2003 and for a period of time less than six years from the date of your request. To request an accounting you must submit a written request to our Privacy Officer. Your request should indicate in what form you want the list (for example, on paper, electronically). We will comply with your request within sixty (60) days or we will provide you with an explanation for the delay. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The right to an accounting does not apply to all disclosures. *For example, you do not have a right to an accounting of disclosures pursuant to an authorization or disclosures to carry out treatment, payment, or health care operations.* In general, the Company limits disclosures to those required to carry out treatment, payment or health care operations – it usually does not make any disclosures for which an accounting would be necessary.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may view an electronic copy of this notice on our website, www.threeriversoptical.com. To obtain a paper copy of this notice, you may print one from our website or you may contact our Privacy Officer.
- **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Company or with the Secretary of the Department of Health and Human Services. To file a complaint with the Company, you must submit complaint in writing to our Privacy Officer at:

Joseph Seibert
Three Rivers Optical Company, Inc.
260 Bilmar Drive
Pittsburgh, PA 15205

You will not be retaliated against for filing a complaint.

- **Questions?** For further information about matters covered by this notice you may contact our Privacy Officer at the above address or by telephone at: 1-800-756-2020.