

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.

Project Vision Hawai`i's Notice of Privacy Practices

This Notice of Privacy Practices applies to Project Vision Hawai`i and all of its subsidiaries and business units (collectively referred to as "PVH" in this Notice), except to the extent that a subsidiary, division, or business unit of PVH performs acuity screening, flash retina camera screening, autorefractor, and/or tonometer screening, eye exams, and other similar screening.

PVH's Protection of Protected Health Information (PHI)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PVH is required by law to maintain the privacy of health information that identifies you, called protected health information (PHI), and to provide you with notice of our legal duties and privacy practices regarding PHI. PVH is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI, as required by statute and regulation. We take this commitment seriously and will work with you to comply with your right to receive certain information under HIPAA.

PVH's Use and Disclosure of PHI

As permitted under HIPAA, the following categories explain the types of uses and disclosures of PHI that PVH may make. Some of the uses and disclosures described may be limited or restricted by state laws or other legal requirements, for example, the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Please contact our Privacy Officer, using the contact information provided at the end of this notice, for specific information regarding your state.

- representative have the right to access PHI consisting of your vision screening results. Within 30 days after our receipt of your request, you will receive a copy of the completed vision screening results from PVH unless an exception applies. Exceptions include our inability to provide access to the PHI within 30 days, in which case we may extend the response time for an additional 30 days if we provide you with a written statement of the reasons for the delay and the date by which access will be provided. You have the right to access and receive your PHI in an electronic format if it is readily producible in such a format. You also have the right to direct PVH to transmit a copy to another person you designate, provided such request is in writing, signed by you, and clearly identifies the designated person and where to send the copy of your PHI. To request a copy of your PHI:

1. Ask for a courtesy copy when you visit a PVH mobile screening.
2. Complete the PVH HIPAA Patient Request Form.
3. Contact the Privacy Officer at 808.201.3937 or by e-mail at admin@projectvisionhawaii.org.

- Right to Receive an Accounting of Disclosures** - You have a right to receive a list of certain instances in which PVH disclosed your PHI. This list will not include certain disclosures of PHI, such as (but not limited to) those made based on your written authorization or those made prior to the date on which PVH was required to comply. If you request an accounting of disclosures of PHI that were made for purposes other than screening or health care operations, the list will include disclosures made in the past six years, unless you request a shorter period of disclosures. If you request an accounting of disclosures of PHI that were made for purposes of screening or health care operations, the list will include only those disclosures made in the past three years for which an accounting is required by law, unless you request a shorter period of disclosures.
- Right to Correct or Update your PHI** - If you believe that your PHI contains a mistake, you may request, in writing, that PVH correct the information. If your request is denied, we will provide an explanation of the reasoning for our denial.

How to Exercise Your Rights

To exercise any of your rights described in this notice, you must send a written request to: Privacy Officer, Project Vision Hawai`i, 1110 Nu'uuanu Avenue, Honolulu, HI 96817.

How to Contact Us or File a Complaint

If you have questions or comments regarding the PVH Notice of Privacy Practices, or have a complaint about our use or disclosure of your PHI or our privacy practices, please contact: admin@projectvisionhawaii.org, call us at 808.201.3937 and ask for the Privacy Officer, or send a written request to: HIPAA Privacy Officer, Project Vision Hawai`i, 1110 Nu'uuanu Avenue, Honolulu, HI 96817. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. PVH will not take retaliatory action against you for filing a complaint about our privacy practices.

Revised: October 14, 2017

- For screening** - PVH may use or disclose PHI for screening referral purposes, including disclosure to physicians and other health care professionals who provide you with health care services and/or are involved in the coordination of your care, such as providing your physician with your vision screening results.
- For health care operations** - PVH may use or disclose PHI for health care operations purposes. These uses and disclosures are necessary, for example, to evaluate the quality of our vision screening, accuracy of results, accreditation functions, and for PVH's operation and management purposes. PVH may also disclose PHI to other health care providers or health plans that are involved in your care for their health care operations.
- Individuals involved in your care** - PVH may disclose PHI to a person who is involved in your care, such as a family member or friend. As allowed by federal and state law, we may disclose the PHI of minors to their parents or legal guardians.

- › **Business associates** - PVH may disclose PHI to its business associates to perform certain business functions or provide certain business services to PVH. All of our business associates are required to maintain the privacy and confidentiality of your PHI.
- › **Disclosure for judicial and administrative proceedings** - Under certain circumstances, PVH may disclose your PHI in the course of a judicial or administrative proceeding, including in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- › **Law enforcement** - PVH may disclose PHI for law enforcement purposes, including reporting of certain types of wounds or physical injuries or in response to a court order, warrant, subpoena or summons, or similar process authorized by law. We may also disclose PHI when the information is needed: 1) for identification or location of a suspect, fugitive, material witness or missing person, 2) about a victim of a crime, 3) about an individual who has died, 4) in relation to criminal conduct on PVH premises, or 5) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- › **As required by law** - PVH must disclose your PHI if required to do so by federal, state, or local law.
- › **Public Health** - PVH may disclose PHI for public health activities. These activities generally include: 1) disclosures to a public health authority to report, prevent or control disease, injury, or disability; 2) disclosures to report births and deaths, or to report child abuse or neglect; 3) disclosures to a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity, including reporting reactions to medications or problems with products or notifying people of recalls of products they may be using; 4) disclosures to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and 5) disclosures to an employer about an employee to conduct medical surveillance in certain limited circumstances concerning work-place illness or injury.
- › **Health oversight activities** - PVH may disclose PHI to a health care oversight agency for activities authorized by law such as audits, civil, administrative, or criminal investigations and proceedings/actions, inspections, licensure/disciplinary actions, or other activities necessary for appropriate oversight of the health care system, government benefit programs, and compliance with regulatory requirements and civil rights laws.
- › **Personal Representative** - PVH may disclose PHI to your personal representative, as established under applicable law, or to an administrator associated with your estate.
- › **Research** - PVH may use and disclose PHI for research purposes. Limited data or records may be viewed by researchers to identify patients who may qualify for their research project or for other similar purposes, so long as the researchers do not remove or copy any of the PHI.
- › **De-identified Information and Limited Data Sets:** PVH may use and disclose health information that has been "de-identified" by removing certain identifiers making it unlikely that you could be identified. PVH also may disclose limited health information, contained in a "limited data set." The limited data set does not contain any information that can directly identify you.

Other Uses and Disclosures of PHI

For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, PVH will ask for patient authorization before using or disclosing PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization.

Information Breach Notification

PVH is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

Patient Rights Regarding PHI

Subject to certain exceptions, HIPAA establishes the following patient rights with respect to PHI:

- › **Right to Receive a Copy of the PVH Notice of Privacy Practices** - You have a right to receive a copy of the PVH Notice of Privacy Practices at any time by contacting us at admin@projectvisionhawaii.org, calling us at 808.201.3937 and asking for the PVH Privacy Officer, or by sending a written request to: HIPAA Privacy Officer, Project Vision Hawai'i, 1110 Nu'uuanu Avenue, Honolulu, HI 96817. This Notice will also be posted on the PVH Internet site at www.projectvisionhawaii.org.
- › **Right to Request Limits on Uses and Disclosures of your PHI** - You have the right to request that we limit: 1) how we use and disclose your PHI for treatment and health care operations activities; or 2) our disclosure of PHI to individuals involved in your care. PVH will consider your request, but is not required to agree to it unless the requested restriction involves a disclosure that is not required by law to a health plan for health care operation purposes and not for treatment. If we agree to a restriction on other types of disclosures, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is for purposes of treatment.
- › **Right to Request Confidential Communications** - You have the right to request that PVH communicate with you about your PHI at an alternative address or by an alternative means. PVH will accommodate reasonable requests.
- › **Right to See and Receive Copies of Your PHI** - You and your personal