VISION INSURANCE PLAN OF AMERICA, INC.
NOTICE OF PRIVACY PRACTICES

Effective Date: April 7, 2003

THIS NOTICE DESCRIBES:

(1) HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; AND

(2) HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

CONTACT INFORMATION

If you have any questions about his notice, please contact:

Name:	Compliance Officer
Address:	Vision Insurance Plan of America, Inc. 6737 West Washington Street Ste 2202 Milwaukee, Wisconsin 53214-7077
Telephone:	414-475-1875, ext. 5728

OUR DUTIES REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations that we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information identifying you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to arrange for the provision of optometric treatment or services to you. We may disclose medical information about you to optometrists, doctors, technicians, or other personnel who are involved in rendering services to you. We also may disclose medical information about you to people who may be involved in or pay for your optometric care, such as family members.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from health care providers may be billed by them to us and so that payment

may be made by us to those providers and collected from you, other insurance companies or third parties. For example, we may receive information from your optometrist about an eye examination you received at such optometrist's office so that we may pay your optometrist for the exam. We may also talk to your optometrist prior to your receiving an eye examination to verify your eligibility for such services in order to determine whether we will cover the services.

- **For Health Care Operations.** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to operate our business and to make sure that all of the individuals enrolled with our plan receive quality care. For example, we may use medical information to review the services rendered by a participating provider to evaluate the performance of the provider in caring for you. We may also combine medical information about many people covered by the plan to evaluate and/or make changes to the benefits covered by the plan. We may also disclose medical information to health plan sponsors (usually employers) for purposes of administering the plan.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **Marketing.** We may use or disclose medical information about you when we have face-to-face conversations with you about products or services that may be beneficial to you.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law. For example, we may disclose medical information about you to a health oversight agency for activities authorized by law or we may disclose medical information about you in response to a court or administrative order or in connection with a legal proceeding (such as a subpoena or a discovery request).

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not permitted by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or 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 to someone who is involved in your care or the payment for 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 restrictions, you must make your request in writing to the contact person/office first set forth above.

  A Request for Limitation Form for making your request will be provided upon request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request 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. For example, you can ask that we only contact you at work or by mail.

  To request confidential communications, you must make your request in writing to the contact person/office first set forth above. A Request for Confidential Communication Form for making your request will be provided upon request. We will not ask you the reason for your request. We

will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and must contain a statement to the effect that you could be endangered if we disclose all or part of your medical information in a certain way or at a certain location.

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information compiled in anticipation of a legal proceeding.

  To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the contact person/office first set forth above.

  A Request for Access Form for making your request will be provided upon request. If you request a copy of the information, we may charge a fee for the costs of copying, matting or other supplies associated with your request and will provide you with access and/or copies within 30 days.

  We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional of our choosing will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **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 or for us.

  To request an amendment, your request must be made in writing and submitted to the contact person/office first set forth above. In addition, you must provide a reason that supports your request. A Request to Amend Form for making your request will be provided upon request.

  We may deny your request for an amendment if it is not in writing or if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the plan;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." except for certain disclosures that do not require an accounting such as disclosures to carry out treatment, payment and health care operations, disclosures about you to you, and disclosures incident to a permitted or required use and disclosure. This accounting is a list of the disclosures of medical information about you that we have made.

  To request this list of disclosures, you must submit your request in writing to the contact person/office first set forth above. A Request for Accounting of Disclosures Form for making your request will be provided upon request. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). 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.

- **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. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

  You may obtain a copy of this Notice at our Website, www.visionplans.com

  To obtain a paper copy of this Notice, contact the contact person/office first set forth above.

CHANGES TO THIS NOTICE

- We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical 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 at our Website. The Notice will contain on the first page, in the top center, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, submit the complaint in writing to:

Name: Compliance Officer

Address: Vision Insurance Plan of America, Inc.
P.O. Box 44077
Milwaukee, Wisconsin 53214-7077

Telephone: 414-475-1875, ext. 5728

All complaints must be submitted in writing. An Individual Complaint Form for making your request will be provided upon request. You will not be penalized for filing a complaint.