

NOTICE OF PRIVACY PRACTICES



Effective July 2013

Your information. Your rights. Our responsibilities.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Exercising Your Rights: You may exercise any of your below rights by visiting the Patient Rights page or completing the Member Complaint/Grievance Form located on vsp.com, or calling Member Services at **800.877.7195**.

Get a copy of your health and claims records	<ul style="list-style-type: none"> You can ask to see or get a copy of your health and claims records and other health information we have about you. We will provide a copy of your health and claims records, usually ten (10) business days from receipt of your request.
Ask us to correct health and claims records	<ul style="list-style-type: none"> You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing ten (10) business days from receipt of your request.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to send your protected health information directly to you at an alternative address. We will consider all reasonable requests and must say "yes" if you submit legal documentation that shows us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect payment or your healthcare services.
Get a copy of this privacy Notice	<ul style="list-style-type: none"> You can ask for a copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Get a list of those with whom we've shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we've shared your health information for six years (non-electronic PHI) or three years (electronic PHI) prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by submitting a written complaint using the contact information included in this Notice or by completing the Member Complaint/Grievance Form located on vsp.com. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877.696.6775, or visiting hhs.gov to file an online complaint. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in payment for your care. Share information in a disaster relief situation. If you are not able to tell us your preference, we may share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> Marketing purposes. Sale of your information.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Help manage the healthcare treatment you receive	We can use your health information and share it with professionals who are treating you.	Example: We authorize your care, so your doctor can provide services to you.
Run our organization	We can use and disclose your information to run our organization and contact you when necessary.	Example: We use health information about you to conduct audits and review claims payment activity to ensure claims are paid correctly and to develop better services for you.
Pay for your health services	We can use and disclose your health information as we pay for your health services.	Example: We share information about you with your health plan to coordinate payment for your vision care services.
Administer your plan	We may disclose your information to your health plan sponsor for plan administration.	Example: Your company contracts with us to provide vision care services insurance, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as for public health and research purposes. We have to meet many conditions in the law before we can share your information for these purposes. For more information, visit [hhs.gov](https://www.hhs.gov) > HIPAA - Health Information Privacy > Your Rights under HIPAA.

Help with public health and safety issues	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medications. • Reporting suspected abuse, neglect, or domestic violence. • Preventing or reducing a serious threat to anyone's health or safety.
Do research	<ul style="list-style-type: none"> • VSP® does not use or collect protected health information for research purposes.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director or when some individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: <ul style="list-style-type: none"> • For workers' compensation claims. • For law enforcement purposes or with a law enforcement official. • With health oversight agencies for activities authorized by law. • For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- Breach Notification: We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- Right to Revoke: If you tell us we can share your information other than as described in this Notice, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information, visit [hhs.gov](https://www.hhs.gov) > HIPAA - Health Information Privacy > Your Rights under HIPAA > Notice of Privacy Practices.

SPECIAL NOTES

- VSP does not collect genetic information and is prohibited from using or disclosing genetic information for underwriting purposes.
- VSP does not collect substance abuse treatment records and will never share any substance abuse treatment records without your written permission.
- VSP will abide by more stringent state and federal laws where applicable.
- Nondiscrimination Statement: VSP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- Notice Revisions: We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our website, and we will notify you by mail or email.

CONTACT INFORMATION

VSP, Attention: Privacy Specialist, 3333 Quality Drive, MS-163, Rancho Cordova CA 95670, **916.858.7432**, HIPAA@vsp.com