

WEBSITE PRIVACY POLICIES

Box Elder Family Vision Clinic is published on the internet at "www.boxeldervision.com" and is owned by Larry D. Terry, A Professional Corporation operating out of Brigham City, Utah, USA.

At BOX ELDER FAMILY VISION CLINIC (www.boxeldervision.com) we understand the importance of patient privacy. We understand, acknowledge and respect any individual's right to privacy and the concerns one may have in regard to privacy and security. We recognize the importance of protecting the privacy of information provided by our patients, as well as, general users of our website.

A "Notice of Privacy Practices" is a separate document that governs how medical information about you may be used and disclosed by BOX ELDER FAMILY VISION CLINIC. A copy of this Notice of Privacy Practice is found following this document. Please refer to that document as well in understanding our policies.

Important Medical Disclaimer

IF THIS IS A MEDICAL EMERGENCY, PLEASE IMMEDIATELY CALL EMERGENCY PERSONNEL (911) TO GET PROMPT MEDICAL ATTENTION. DO NOT RELY ON ELECTRONIC COMMUNICATIONS FOR ASSISTANCE IN REGARD TO IMMEDIATE, URGENT MEDICAL NEEDS.

THIS WEBSITE IS MEANT TO PROVIDE GENERAL INFORMATION CONCERNING OUR PRACTICE AND EYECARE TOPICS. IT SHOULD NOT BE REGARDED AS SPECIFIC MEDICAL ADVISE FOR A PARTICULAR PATIENT. PATIENTS SHOULD BE SEEN IN CLINIC BY A DOCTOR TO OBTAIN ADVISE SPECIFIC TO THEIR CONDITIONS.

How we and our affiliates collect and use personal information

A visitor can access and browse our entire site at any time without providing any personal information. We do not collect information that would personally identify you unless you choose to provide it.

This website may contain links to websites operated by third parties. Box Elder Family Vision Clinic has no control over the privacy policies and practices of such third party sites, and if you have any concerns, you are urged to review the terms of those sites for more information about the policies applicable to those site.

IP Addresses & Cookies

Our website administrator may collect IP addresses. An IP address is a number automatically assigned to your computer whenever you access the Internet. IP addresses allow computers and servers to recognize and communicate with one another. We collect IP address information so that we can properly administer our system and gather general information about how our site is being used, including the pages visitors are viewing. To maintain your anonymity, we do not associate IP addresses with records containing personal information. We will use IP address information, however, to personally identify you in order to enforce our legal rights or when required to do so by law enforcement authorities.

BOX ELDER FAMILY VISION CLINIC collects non-personal information such as website usage, traffic patterns, site performance and related statistics based on our tracking of your visits to the website. We use a service called "google analytics" to help us understand how our site is being used and how we can make improvements to it.

"Cookies" are small pieces of information that some websites store on your computer's hard drive when you visit them. Like many other websites, This website uses cookies to provide us with information relating to the sources of our site traffic. Collecting this information, however, does not allow us to personally identify you.

You can delete our cookies at any time. The "help" section, located on the toolbar of most browsers, will tell you how to prevent your browser from accepting new cookies, how to have the browser notify you when you receive a new cookie or how to disable cookies altogether. Since cookies allow you to take full advantage of some of our website's best features, we recommend that you leave them turned on.

Security

BOX ELDER FAMILY VISION CLINIC periodically reviews and modifies, where appropriate, its security policies and procedures. We use reasonable care to protect your personally identifiable and confidential information provided by you to our site.

Should you access any Service requiring a User Name and Password, you are solely responsible for keeping such User Name and Password strictly confidential.

Forms

Our website may contain forms through which users may request information or supply feedback to us. In some cases, telephone numbers, email addresses or return addresses are required so that we can supply requested information to you, and in other cases, correct names and addresses are required to process credit card payments.

After you fill out a form, we may contact you with follow-up information (unless you have checked an "opt-out" box on the form). We do not provide any information supplied on our web forms to any outside organization for any reason (other than where we may be required to by law, or as necessary to process credit card information). We do not save this personal information for any other reason.

Surveys

Occasionally, we may survey visitors to our site. The information from these surveys is used in aggregate form to help us understand the needs of our visitors so that we can improve our site. We generally do not ask for information in surveys that would personally identify you. If we do request contact information for follow-up, you may decline to provide it. If survey respondents provide personal information (such as an email address) in a survey, it is shared only with those people who need to see it to respond to the question or request.

Email

"Phishing" is a scam designed to steal your personal information. If you receive an email that looks like it is from BOX ELDER FAMILY VISION CLINIC asking you for your personal information, do not respond. We will never request your password, user name, credit card information or other personal information through email.

The email functionality on our site does not provide a completely secure and confidential means of communication. It's possible that your e-mail communication may be accessed or viewed by another Internet user while in transit to us. If you wish to keep your communication private, do not use our email.

Disclaimer of Warranty

MATERIALS, SERVICES AND OTHER INFORMATION ARE PROVIDED "AS IS" BY BOX ELDER FAMILY VISION CLINIC FOR EDUCATIONAL PURPOSES ONLY. BOX ELDER FAMILY VISION CLINIC MAKES NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR USE, TITLE OR NON INFRINGEMENT.

PLEASE NOTE THAT, BY ITS VERY NATURE, A WEBSITE CANNOT BE ABSOLUTELY PROTECTED AGAINST INTENTIONAL OR MALICIOUS INTRUSION ATTEMPTS. FURTHERMORE, BOX ELDER FAMILY VISION CLINIC DOES NOT CONTROL THE DEVICES OR COMPUTERS OR THE INTERNET OVER WHICH YOU MAY CHOOSE TO SEND CONFIDENTIAL PERSONAL INFORMATION AND CANNOT, THEREFORE, PREVENT SUCH INTERCEPTIONS OF COMPROMISES TO YOUR INFORMATION WHILE IN TRANSIT TO BOX ELDER FAMILY VISION CLINIC.

THEREFORE, BOX ELDER FAMILY VISION CLINIC HEREBY MAKES NO GUARANTEE AS TO SECURITY, INTEGRITY OR CONFIDENTIALITY OF ANY INFORMATION TRANSMITTED TO OR FROM THIS WEBSITE, OR STORED WITHIN THIS WEBSITE.

BEYOND OUR REASONABLE CARE TO SAFEGUARD YOUR INFORMATION WHILE IN TRANSIT, BOX ELDER FAMILY VISION CLINIC CANNOT AND DOES NOT GUARANTEE THE ABSOLUTE SECURITY OF ELECTRONIC COMMUNICATIONS OR TRANSMISSIONS SINCE ANY TRANSMISSION MADE OVER THE INTERNET BY ANY ORGANIZATION OR ANY INDIVIDUAL RUNS THE RISK OF INTERCEPTION.

IN ADDITION, WE HEREBY MAKE NO GUARANTEE AS TO SECURITY, INTEGRITY OR CONFIDENTIALITY OF ANY INFORMATION TRANSMITTED TO OR FROM THIS WEBSITE, OR STORED WITHIN THIS WEBSITE.

Limitations of Liability

YOU ASSUME THE SOLE RISK OF TRANSMITTING YOUR INFORMATION AS IT RELATES TO THE USE OF THIS WEBSITE, AND FOR ANY DATA CORRUPTIONS, INTENTIONAL INTERCEPTIONS, INTRUSIONS OR UNAUTHORIZED ACCESS TO INFORMATION, OR OF ANY DELAYS, INTERRUPTIONS TO OR FAILURES PREVENTING THE USE THIS WEBSITE.

IN NO EVENT SHALL BOX ELDER FAMILY VISION CLINIC BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, CONSEQUENTIAL OR MONETARY DAMAGES, INCLUDING FEES, AND PENALTIES IN CONNECTION WITH YOUR USE OF MATERIALS POSTED ON THIS SITE OR CONNECTIVITY TO OR FROM THIS SITE TO ANY OTHER SITE.

BOX ELDER FAMILY VISION CLINIC MAY CHANGE THIS PRIVACY POLICY WITHOUT NOTICE TO YOU.

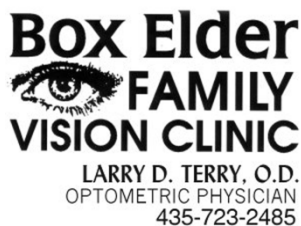
Other services provided by BOX ELDER FAMILY VISION CLINIC on this Website may require you to agree to additional terms.

BY USING THIS WEBSITE, YOU ACCEPT THESE TERMS.

If you have any questions about our privacy policy or our use of information gathered through our Web site, please contact our office at 435-723-2485.

Last updated: 9-23-2013

NOTICE OF PRIVACY PRACTICES



34 South Main Street
Brigham City, Utah 84302
Tel: 435-723-2485
Fax: 435-723-5840
Contact: **HIPAA Privacy Officer**

- Effective Date of Notice: 4-14-2003
- Amended 9-23-2013

THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION. PLEASE READ IT CAREFULLY. Your "health information," for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you (referred to as "health information" in this Notice).

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reasons why we use or disclose your health information are for treatment, payment or health care operations. Examples of how we use or disclose your health information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we must carry out in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

OTHER DISCLOSURES AND USES WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR CONSENT

In some limited situations, the law allows or requires us to use or disclose your health information without your consent or authorization. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosures to law enforcement personnel present during the examination and care of incarcerated prisoners, as well as disclosures to other law enforcement personnel charged with the oversight and management of prisoners;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA;
- [specify other uses and disclosures affected by state law].

Unless you object, we will also share relevant information about your care with any of your personal representatives who are helping you with your eye care. Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative) health information relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.

SPECIFIC USES AND DISCLOSURES OF INFORMATION REQUIRING YOUR AUTHORIZATION

The following are some specific uses and disclosures we may not make of your health information **without** your authorization:

Marketing activities. We must obtain your authorization prior to using or disclosing any of your health information for marketing purposes unless such marketing communications take the form of face-to-face communications we may make with individuals or promotional gifts of nominal value that we may provide. If such marketing involves financial payment to us from a third party your authorization must also include consent to such payment.

Sale of health information. We do not currently sell or plan to sell your health information and we must seek your authorization prior to doing so.

Psychotherapy notes. Although we do not create or maintain psychotherapy notes on our patients, we are required to notify you that we generally must obtain your authorization prior to using or disclosing any such notes.

YOUR RIGHTS TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

- Other uses and disclosures of your health information that are not described in this Notice will be made only with your written authorization.
- You may give us written authorization permitting us to use your health information or to disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your health information that are not identified in this Notice or are not otherwise permitted by applicable law.
- We must agree to your request to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and such information pertains solely to a health care item or service for which you have paid in full (or for which another person other than the health plan has paid in full on your behalf).

Any authorization you provide to us regarding the use and disclosure of your health information may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. However, we are generally unable to retract any disclosures that we may have already made with your authorization. We may also be required to disclose health information as necessary for purposes of payment for services received by you prior to the date you revoked your authorization.

YOUR INDIVIDUAL RIGHTS

You have many rights concerning the confidentiality of your health information. You have the right:

- **To request restrictions on the health information we may use and disclose for treatment, payment and health care operations.** We are not required to agree to these requests. To request restrictions, please send a written request to us at the address above.
- **To receive confidential communications of health information about you in any manner other than described in our authorization request form.** You must make such requests in writing to the address below. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations.
- **To inspect or copy your health information.** You must make such requests in writing to the address below. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information, subject to applicable law.
- **To amend health information.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if the health information:
 - was not created by us, unless the person that created the information is no longer available to make the amendment,
 - is not part of the health information kept by or for us,
 - is not part of the information you would be permitted to inspect or copy, or
 - is accurate and complete.
- **To receive an accounting of disclosures of your health information.** You must make such requests in writing to the address below. Not all health information is subject to this request. Your request must state a time period for the information you would like to receive, no longer than 6 years prior to the date of your request and may not include dates before April 14, 2003. Your request must state how you would like to receive the report (paper, electronically).
- **To designate another party to receive your health information.** If your request for access of your health information directs us to transmit a copy of the health information directly to another person the request must be made by you in writing to the address below and must clearly identify the designated recipient and where to send the copy of the health information.

Complaints:

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or E mail shown above. If you prefer, you can discuss your complaint in person or by phone.

Changes to This Notice:

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility. Copies of this Notice are available on our website (www.boxeldervision.com) and also available upon request at our reception area.