

EYEIC, INC.

**NOTICE OF HIPAA PRIVACY PRACTICES**

**This Notice describes how medical information about the patients of the health care providers who use MatchedFlicker® may be used and disclosed and how patients can obtain access to this information.**

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**PLEASE REVIEW THIS NOTICE CAREFULLY**

EyeIC, Inc. ("EyeIC," "we," "our" and "us") values our relationship you, the licensed health care professional who registers to become a user of MatchedFlicker ("You" or "User"). Protecting Your privacy and the privacy of Your patients is very important to us. In conducting our business and providing You access to and use of MatchedFlicker, we will collect, create and maintain records that contain protected health information about Your patients.

"Protected health information" or "PHI" is information about a patient that can reasonably be used to identify the patient and that relates to the patient's past, present or future health or condition, the provision of health care to the patient and the payment for that care.

We protect patients' privacy by:

- limiting who may see their PHI;
- limiting how we may use or disclose their PHI;
- informing You and, through You and the EyeIC website ([www.eyeic.com](http://www.eyeic.com)), your patients of our legal duties with respect to patients' PHI;
- explaining our privacy policies; and
- adhering to the policies currently in effect.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect the protected health information or PHI of the patients of our Users. We are required by certain federal and state laws to maintain the privacy of patients' protected health information. We also are required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice about our privacy practices, our legal duties, and Your and your patients' rights concerning their protected health information.

This Notice takes effect on November 8, 2011, and will remain in effect until we replace or modify it.

**Copies of this Notice**

You may request a copy of our Notice at any time, including a paper copy. If you want more information about our privacy practices, or have questions or concerns, please contact us using the contact information at the end of this Notice. A patient can request a paper copy at any time, even if they have agreed to receive this Notice electronically.

**Changes to this Notice**

The terms of this Notice apply to all records that are created or retained by us which contain patients' PHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for all of the PHI that we already have about Your patients, as well as for any PHI we may create or receive in the future. We are required by law to comply with whatever privacy practices notice of ours is currently in effect. You will be notified of any material change to our privacy practices before the change becomes effective. When necessary, a revised Notice will be mailed to the address that we have on record for You and will also be posted on our web site at [www.eyeic.com](http://www.eyeic.com).

**Potential Impact of State Law**

The HIPAA Privacy Rule generally does not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule, might impose a privacy standard under which we will be required to operate.

**How We May Use and Disclose Your Patients' Protected Health Information (PHI)**

Your use of MatchedFlicker involves the Your provision of Your patients' PHI, including patient retinal images, medical procedure reimbursement coding information and potentially other patient identifying information. The MatchedFlicker functionality involves the generation of image files and reports containing PHI.

The following categories describe the different ways in which we may use and disclose Your patients' PHI. Please note that every specific permitted use or disclosure of patients' PHI is not listed below. However, the different ways we will, or might, use or disclose Your patients' PHI do fall within one of the permitted categories described below.

**Payment:** We may use and disclose Your patients' PHI for all payment activities including, but not limited to, collecting User subscriptions and, at Your request, supporting Your collection of payments for Your services to Your patients. This may include activities related to the confirmation or coordination of benefits with health care programs or insurance carriers, such as Medicare or Medicaid. We may also use and disclose Your patients' PHI to conduct business with our affiliate companies (e.g., provider of image storage), if any.

**Treatment:** Neither EyeIC nor MatchedFlicker provides medical advice or treatment. We provide technology that You may find useful as an aid in diagnosing and treating Your patients. In connection with Your treatment of Your patients or their treatment by other health care providers, at Your request, we may disclose information (i) to health care professionals, hospitals and other health care providers who take care of your patients or (ii) to You to supplement your own records. We may also use patients' PHI in providing services to You and by sending certain information to health care providers for patient safety or other treatment-related reasons.

**Health Care Operations:** We may use and disclose Your patients' PHI to conduct and support our business and management activities as a health care technology provider and to support your activities as a health care provider. For example, we may use and disclose patients' PHI to conduct, or to support Your conducting, quality assessment and improvement activities, business planning activities, medical review and care coordination of health care services.

Other operational activities that may require use and disclosure of patients' PHI include detection and investigation of fraud, facilitation of the transfer or sale of EyeIC to another entity (including related due diligence review) and other general administrative activities, including data and information systems management and customer service.

**Marketing:** We may use Your patients' PHI to make a marketing communication to You that is in the form of (a) a face-to-face communication, or (b) a promotional gift of nominal value. We may also use and disclose Your patients' PHI to provide you with information about other available EyeIC services, technologies or programs.

**Additional Reasons for Disclosure:** We may disclose Your patients' PHI:

- **Research** – to researchers, provided measures are taken to protect patients' privacy.
- **Business Partners** – to persons who provide services to us and assure us they will protect the information.
- **Industry Regulation** – to the U.S. Food and Drug Administration and other government agencies that regulate us.
- **Law Enforcement** – to federal, state and local law enforcement officials.
- **Legal Proceedings** – in response to court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety and matters of national security).
- **Coroners, Medical Examiners, or Funeral Directors** – to identify a deceased person or to determine the cause of death and, as authorized by law, to funeral directors so that they may carry out their duties.
- **Organ and Tissue Donation** – to organizations that handle organ and tissue donation and distribution, banking, or transplantation.
- **Workers' Compensation** – as part of your patient's workers' compensation claim, we may have to disclose his or her PHI to a worker's compensation carrier.

**Disclosure to the Patient of His or Her PHI:** If requested by a patient whose PHI we maintain, we will disclose to the patient his or her PHI that is in a "designated record set." Generally, a designated record set contains retinal images, medical procedure reimbursement coding and billing records we may have about the patient. A patient may request the PHI from his or her designated record set as described in the section below called "Patients' Privacy Rights Concerning Their Protected Health Information."

**Disclosure to the Patients' Personal Representatives:** If directed by a patient, we will disclose his or her PHI to someone who is qualified to act as his or her personal representative according to any relevant state laws. In order for us to disclose a patient's PHI to their personal representative, the patient must send us a completed EyeIC Personal Representative Designation Form or documentation that supports the person's qualification according to state law (such as a power of attorney or guardianship). To request the EyeIC Personal Representative Designation Form, please contact us in accordance with the instructions at the end of this Notice.

**Disclosure to Family and Friends:** Unless a patient objects, we may disclose the patient's PHI to a friend or family member who has been identified as being involved in the patient's health care. We also may disclose a patient's PHI to an entity assisting in a disaster relief effort so that the patient's family can be notified about the patient's condition, status, and location.

**Parents as Personal Representatives of Minor Patients:** In most cases, we may disclose the PHI of a patient who is a minor child to the patient's parents. However, we may be required to deny a parent's access to a minor's PHI according to applicable state law.

#### **Right to Provide an Authorization for Other Uses and Disclosures**

Other uses and disclosures of Your patients' PHI that are not described above will be made only with the specific patient's written authorization.

A patient may give us written authorization permitting us to use his or her PHI or disclose it to anyone for any purpose.

We will obtain a patient's written authorization for uses and disclosures of his or her PHI that are not identified by this Notice, or are not otherwise permitted by applicable law.

Any authorization that a patient provides to us regarding the use and disclosure of his or her PHI may be revoked by the patient in writing at any time. After a patient revokes their authorization, we will no longer use or disclose their PHI for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with the patient's authorization.

A patient's authorization for us to disclose PHI must be in writing and contain certain elements to be considered a valid authorization. For convenience, patients may use our approved EyeIC Authorization Form. To request the EyeIC Authorization Form, please contact us in accordance with the instructions set forth at the end of this Notice.

#### **Patients' Privacy Rights Concerning Their Protected Health Information (PHI)**

Patients have the following rights regarding the PHI that we maintain about them. Requests by a patient to exercise his or her rights as listed below must be in writing. For convenience, a patient may use our approved EyeIC form(s). To request a form, please contact us in accordance with the instructions set forth at the end of this Notice.

**A Patient's Right to Access His or Her PHI:** A patient has the right to inspect or get copies of their PHI contained in a designated record set, as defined above. Patients may request that we provide copies of their PHI in a format other than photocopies. We will use the format the patient request unless we cannot reasonably or practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. A patient will receive notification of any fee(s) to be charged before we release their PHI, and will have the opportunity to modify their request in order to avoid and/or reduce the fee. In certain situations we may deny a patient's request for access to their PHI. If we do, we will

tell the patient our reasons in writing, and explain their right to have the denial reviewed.

**A Patient's Right to Amend His or Her PHI:** A patient has the right to request that we amend their PHI if he or she believes there is a mistake in their PHI, or that important information is missing. Approved amendments made to a patient's PHI will also be sent to those who need to know, including (without limitation and where appropriate) You and our vendors (known as "Business Associates"). We may also deny a patient's request if, for instance, we did not create the information the patient wants amended. If we deny a patient's request to amend their PHI, we will tell him or her our reasons in writing, and explain their right to file a written statement of disagreement.

**Right to an Accounting of Certain Disclosures:** A patient may request, in writing, that we tell him or her when we or our Business Associates have disclosed their PHI (an "Accounting"). Any accounting of disclosures will not include those we made:

- for payment, or health care operations;
- to You
- to the patient or individuals involved in his or her care;
- with your authorization; or
- for national security purposes.

The first accounting in any 12-month period is without charge. We may charge the patient a reasonable fee (based on our cost) for each subsequent accounting request within a 12-month period. If a subsequent request is received, we will notify the patient of any fee to be charged, and we will give the patient an opportunity to withdraw or modify their request in order to avoid or reduce the fee.

**Right to Request Restrictions:** Patients have the right to request, in writing, that we place additional restrictions on our use or disclosure of their PHI. We are not required to agree to a patient's request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat the patient. An approved restriction continues until the patient revokes it in writing, or until we notify the patient that we are terminating our agreement to a restriction.

**Right to Request Confidential Communications:** Patients have the right to request, in writing, that we use alternate means or an alternative location to communicate with them in confidence about their PHI. For instance, a patient may ask that we contact him or her by mail, rather than by telephone, or at work, rather than at home. A patient's written request must clearly state that the disclosure of all or part of their PHI at their current address or method of contact we have on record could be an endangerment to the patient. We will require that the patient provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider, among other things, our ability to continue conduct health care operations effectively.

**Right to a Paper Copy of This Notice:** You and Your patients have the right to receive a paper copy of this Notice. A copy may be requested at any time, even if You have agreed to receive this Notice electronically. To request a paper copy of this Notice, You or the patient should contact us in accordance with the instructions set forth at the end of this Notice.

#### **Patients' Right to File a Privacy Complaint**

If a patient believes their privacy rights have been violated, or if a patient is dissatisfied with our privacy practices or procedures, the patient may file a complaint with our Privacy Office and with the Secretary of the U.S. Department of Health and Human Services.

A patient will not be penalized for filing a complaint.

To file a privacy complaint with us, a patient may contact our Privacy Office in accordance with the instructions set forth below.

#### **Contacting Us**

You and patients may contact us for all the purposes discussed above as follows:

EyeIC, Inc.  
Privacy Office  
200 Barr Harbor Drive, Suite 400  
West Conshohocken, PA 19428  
Phone: (610) 941-2931  
Fax: (484) 840-5361  
E-mail: Privacy@eyeic.com