

NOTICE OF PRIVACY PRACTICES

Effective: October 12, 2016

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.

How is Patient Privacy Protected?

At Notal Vision, we understand that information about you and your health is personal. Because of this, we strive to maintain the confidentiality of your health information. We continuously seek to safeguard that information through administrative, physical and technical means, and otherwise abide by applicable federal and state laws and requirements on the use or disclosure of your health information and your rights with respect to your information.

How can we use and disclose health information without authorization?

When you are a ForeseeHome Subscriber, we may use or disclose your health information for certain purposes without your written authorization, including treatment, payment, and health care operations.

Treatment. We keep a record of the health information you provide us, either directly or through our ForeseeHome remote monitoring device. We may use or disclose your information for purposes of treating you. For example, we may use your information to monitor your vision and identify certain changes in it, or to call you if you are not using the ForeseeHome monitoring device often enough. We may disclose such information to your health care provider so that he/she can treat your vision condition. We may also use or disclose your information to provide information about treatment alternatives or other health care products or services we may offer.

Payment. We document the health care services and products we provide to you. We may use or disclose your information to obtain payment for such health care services and products. For example, we may disclose information to your insurance company or other payor to receive prior approval or payment for treatment.

Health Care Operations. We may use or disclose your information for certain activities that are necessary to operate our business, to improve the services we provide, for business planning and management, and for customer service. For example, we may use your health information to review and improve the ForeseeHome AMD monitoring device and our diagnostic services and to evaluate the performance of our staff.

Other Uses or Disclosures. We may also use or disclose your health information for certain other purposes, including:

- > To comply with federal, state or local laws, such as disclosure or reporting of abuse, neglect, or certain other events.
- > For public health activities such as reporting certain diseases or tracking medical devices.
- > For health oversight activities such as audits, licensure actions, or fraud investigations.
- > To respond to certain law enforcement requests, or to respond to court orders, warrants, subpoenas or other process in judicial or administrative proceedings.

- > To coroners, medical examiners, funeral directors, or organ procurement organizations, as necessary for them to fulfill their duties.
- > For research purposes, if certain requirements are met, to balance privacy and research needs.
- > To avert a serious threat to your health or safety or the health and safety of others.
- > For certain specialized government functions such as national security, military, intelligence, protective services, or correctional institutions.
- > For workers' compensation purposes, as allowed by such laws.

How can we disclose your information unless you object?

Unless you object, or instruct us otherwise, we may also disclose your personal or health information to a member of your family, friend, or other person who is involved in your health care or payment for that care. We will limit the disclosure to information relevant to that person's involvement in your care or payment.

What uses or disclosures of health information require your authorization?

All other uses and disclosures, not described in this Notice, may only be done with your written authorization. For example, we will obtain your authorization before we use or disclose your health information for marketing purposes or before we would sell your information. You may revoke your authorization at any time by submitting a written notice to the Privacy Officer, identified below. However, this will not affect prior uses and disclosures made in reliance on your authorization.

In some cases, state law may require that we apply extra protections to some of your health information.

What are Notal Vision's Legal Responsibilities?

Notal Vision is required by law to:

- > Maintain the privacy of your health information.
- > Notify you of our legal duties and privacy practices with respect to your health information.
- > Notify affected individuals following a breach of unsecured health information.
- > Abide by the terms of our Notice currently in effect.

We reserve the right to change our privacy practices, and make the new practices and Notice effective for all the health information we maintain. Revised notices will be posted on our website. You can also obtain a copy of the current Notice from our Privacy Officer, our web site or by placing a request through our contact center.

What are your rights concerning your health information?

You have certain rights concerning your health information. The law entitles you to:

- > Inspect and obtain a copy of certain portions of your health records. If we keep records electronically, you may request that we provide them to you in an electronic format. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others. We may charge you a reasonable cost-based fee for providing the records.
- > Request amendment of your health information. Under certain circumstances we may deny

your request, such as if we did not create the record or we determine that it is accurate and complete.

- > Receive an accounting of certain disclosures we have made of your health information. You may receive the first accounting in a 12-month period free of charge; we may charge a reasonable cost-based fee for subsequent requests within such period.
- > Request that we restrict how we use or disclose your health information for treatment, payment, or health care operations, or to family, friends, or others involved in your health care. We are not required to agree to the restriction, except if you request that we not disclose information to a payor about health care for which you (or someone else on your behalf) have paid in full.
- > Request that we communicate with you at a specific telephone number, email address, or postal address.
- > Obtain a paper copy of this notice, even if you agreed to receive it electronically.

All requests should be submitted in writing to our Privacy Officer, identified below.

What if I have a Complaint?

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights, of the U.S. Department of Health and Human Services. We will not retaliate or penalize you for filing a complaint.

To file a complaint with us, contact our Privacy Officer, identified below, or call the Confidential Reporting line at 1-855-691-8600.

Who Will Follow This Notice?

This Notice describes the privacy practices of Notal Vision, any affiliates, employees, and other members of its workforce, with respect to your health information in Notal Vision's possession. Your personal health care providers may have different policies or Notices regarding their use and disclosure of your health information in their possession.

Need more information?

If you need further information about this Notice, desire to exercise any right discussed above, or want to object to or complain about any use or disclosure, please contact our Privacy Officer:

Osnat Ehrman
Privacy Officer
10440 Balls Ford Rd.
Suite 180
Manassas, VA 20109
Tel: 1-877-322-2207
osnat@notalvision.com

You can also obtain more information by visiting our website at **<http://www.notalvision.com/index.html>**.