

## Wal-Mart Vision Centers' Notice of Privacy Practices

Effective Date: 04.14.03

Revision Date: 04.01.2008

**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.**

We understand that medical information about you is personal and we are committed to protecting it. Wal-Mart Stores, Inc. and its affiliated companies ("Wal-Mart") is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect.

### How Wal-Mart May Use or Disclose Your Health Information

We may use or disclose your health information:

- **For Treatment.** For example, we may use and disclose your health information to dispense and provide prescription ophthalmic goods and services to you.
- **For Payment.** For example, we may use and disclose your health information so that your vision services may be billed to and payment may be collected from you, your insurance company, or a third party.
- **For Health Care Operations.** For example, we may use and disclose your health information for Vision Center or optical sales operations, which include activities necessary to run the Vision Center and contact lens sales business and make sure that you receive quality customer service.
- **For Appointment Reminders and Health-Related Products and Services.** For example, we may use and disclose health information for annual eye examination cards, to tell you about health-related products and services, or recommend possible treatment alternatives that may be of interest to you.
- **To Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to a family member or friend who is involved in your medical care or payment for your care, provided that you agree to the disclosure, or we give you an opportunity to object to the disclosure. If you are not available or are unable to agree or object, we will use our best judgment to decide whether this disclosure is in your best interests.
- **As Required by Law.** We will disclose your health information to comply with federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be only to someone able to avert the threat.
- **For Public Health Activities/Risk Prevention.** We may disclose your health information for public health activities, including, for example, activities to prevent or control disease or injury; report problems with products; or, report abuse or neglect.
- **For Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.
- **For Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We also may disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting that information.
- **For Specialized Government Functions.** We may disclose your health information (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in lawful custody, to a correctional facility or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; (4) for national security reasons authorized by law; and (5) to authorized federal officials to protect the President, other authorized persons or head of state.
- **For Workers' Compensation or other similar programs.**
- **Organ and Tissue Donation.** We may disclose your health information to organ procurement or similar organizations for purposes of donation or transplant.
- **Coroners or Funeral Directors.** We may disclose your health information to a coroner or medical examiner, for example, to determine cause of death. We also may disclose your health information to funeral directors consistent with applicable law to enable them to carry out their duties.
- **Personal Representatives.** We may disclose your health information to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator or executor of your estate, or other individual authorized under applicable law.
- **Marketing.** With your written authorization, we may use your health information or disclose your health information to our third party agents, representatives, services providers and/or contractors to offer targeted marketing communications to you.

We may also share your information with our alliance partners, including 1-800 CONTACTS, Inc., for any of the reasons set forth above.

### **Other Uses and Disclosures of Your Health Information**

Except as described in this Notice, Wal-Mart will not use or disclose your health information without your written authorization. If you do authorize Wal-Mart to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, this will stop any further use or disclosure of your health information for purposes covered by your written authorization, except if we have already acted on your permission. Please refer to the Notice Addendum to find out about any stricter laws in your State that we must follow when using or disclosing your health information, or any State laws that give you greater rights with respect to your health information.

### **You Have the Following Rights with Respect to Your Health Information.**

- You have the right to request that we follow special restrictions when using or disclosing your health information for treatment, payment or health care operations, or to someone who is involved in your care or the payment for your care. Wal-Mart is 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 and other exceptions pursuant to law.
- With certain exceptions, you have the right to inspect and copy your health information. Usually, such information includes prescription and billing records. We may deny your request to inspect and copy in certain limited circumstances, in which case, you may request that the denial be reviewed.
- You have the right to request that Wal-Mart amend your health information if you feel that it is incorrect or incomplete. You must provide a reason supporting your request. We may deny your request if the health information is accurate and complete or is not part of the health information kept by or for Wal-Mart. Even if we deny your request for amendment, you have the right to submit a statement of disagreement regarding any item in your record you believe is incomplete or incorrect. If you request, this will become part of your medical record, and we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe is incomplete or incorrect.
- You have a right to request an accounting of disclosures of your health information. This is a list of disclosures we made of your health information, other than for treatment, payment, health care operations, and other exceptions pursuant to law. You must specify the time period, which may not be longer than six years and may not include dates before April 14, 2003.
- 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 may request that we contact you only at work or at a different residence or post office box. We will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, contact the Vision Center that provided your services to obtain the appropriate form to complete, or submit a written request to Wal-Mart Stores, Inc., - Optical Division, HIPAA Coordinator, 702 S.W. 8th Street, Mailstop 02350, Bentonville, AR 72716-02350. A paper copy of this Notice may be obtained from your Wal-Mart Vision Center upon request.

### **Changes to this Notice of Privacy Practices**

Wal-Mart reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health 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 in the Vision Centers. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at [www.walmart.com](http://www.walmart.com), or upon request at any of our Vision Centers.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about the Vision Centers' privacy practices, you may contact the Optical HIPAA Coordinator, at the address above or 1-800-WAL-MART. If you believe your privacy rights have been violated, you may file a written complaint, for which there will be no retaliation, using our HIPAA Privacy Complaint Form sent to, 922 W. Walnut, Rogers, AR 72756-3 540, or with the Secretary of the Department Health and Human Services.

WAL-MART VISION CENTERS  
NOTICE OF PRIVACY PRACTICES ADDENDUM

STRICTER STATE PRIVACY LAWS

**California**

We will not use or disclose your health information for marketing activities if we receive any direct or indirect compensation from a third party for making the marketing communication.

**Connecticut**

We are prohibited by law from selling your health information even with your authorization.

**Illinois**

We will not deny you access to your health information.

**New Hampshire**

We will not use or disclose your health information for any marketing activity without your written authorization.

We will not deny you access to your health information.

**Tennessee**

We will not deny you access to your health information.

We are prohibited by law from selling your health information.

**Texas**

If we send you a written marketing communication by mail, you have the right to "opt out" and we will remove your name from our mailing list.

**Washington**

If we deny you access to your health information, you have the right to have another health care provider, selected by you, to inspect and copy your medical records.

**Wisconsin**

If you are not a federal health care program participant (such as Medicare or Medicaid), and are not a nursing home resident, you have the right to restrict disclosure of your health information to federal or state agencies for health oversight activities.

Addendum Posting 04.01.2008