

PIPEDA

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

Our Legal Duty

We are required by applicable law to maintain the privacy of your personal information. We are providing this Notice about our privacy practices, our legal duties, and your rights concerning your information.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and implement them immediately but will obtain your consent before using your information for a purpose not previously identified.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for a copy of this Notice, please contact us using the information listed at the end of this Notice.

Information We Collect

We collect limited personal information to better serve your needs and identify you as a customer. This typically includes your name, address, telephone number and some date of birth information (to help distinguish between people with the same or similar names and addresses). If you are purchasing prescription eye wear, we collect related health and product information in order to properly prepare and deliver your eye wear and we maintain a record of the products and services that you have purchased from us. Your method of payment will also affect the information we collect so that we can properly process your payment.

Consent

We require the knowledge and consent of our customers for the collection, use or disclosure of their personal information, except where otherwise required or authorized by law. In some circumstances, where the information is required to fulfill the specified purposes, consent to collection, use or disclosure may be a condition of the supply of a product or service to the customer.

The form of consent we seek, and the manner of obtaining the consent will vary, depending upon the circumstances and the type of information. For example, in a Sears Optical setting where we are filling a prescription, we will require your express consent in the form of signing a Consent Log or other document. For non-prescription purchases, we consider implied consent to be appropriate. Consent of any form can also be given by an authorized representative of a customer (such as a legal guardian or a person having power of attorney).

You may withdraw your consent at any time, subject to legal or contractual restrictions and providing reasonable notice. For an example of situations where consent may not be withdrawn, we are required by provincial laws and by professional rules to collect and maintain certain personal information about our customers.

You may opt out of our use of your name and address to send you information about our products and services and about our business, by making such a request at our store or by contacting the Privacy Office at the address listed below.

Uses and Disclosures of Personal Information

We use information about you for customer service, treatment, to obtain payment for services, products or treatment, for administrative purposes, to order products to fill your order and to evaluate the quality of care and service that you receive. We may provide you with information and/or coupons regarding products or services that we offer related to your health care needs and send you a reminder of the need for a follow up or regular vision care. We will never sell your health information without your prior authorization. From time to time we may transfer personal information to a third party for processing or performing business operations services for us. We use contractual means to provide a comparable level of protection while the information is being held or processed by the third party.

How We May Use or Disclose Your Personal Information

For Optical Service. We may use your information internally or disclose it, if applicable, to an optical laboratory or an optometrist, ophthalmologist, optician or other healthcare providers providing treatment to you all in connection with products or services related to your eye or vision care.

For Payment. We may use and disclose your information to others for purposes of processing and receiving payment for treatment, services and products provided to you. Examples include:

- billing and collection activities and related data processing;
- actions by a health plan or insurer related to coverage and provision of benefits determinations;
- disclosure to consumer reporting agencies of information relating to collection of payments.

For Business Operations. We may use and disclose information about you for operational purposes. For example, your information may be used or disclosed to:

- evaluate the performance of our associates;
 - conduct quality surveys to assess the quality of service, product and care provided;
 - conduct training programs or credentialing activities; and
 - For warranty and Breakage Protection Plan administrative purposes.
- We may also share information between our associated companies listed at the top of this Notice.

To You, Your Family and Friends. We will also disclose your information to a family member unless you tell us not to do so. We may also disclose your information to a friend or other person to the extent necessary to help with service to you or with payment for your care, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

Persons Involved in Care. In the event of your incapacity or emergency circumstances, we will disclose information based on a determination using our professional judgment disclosing only information that is directly relevant to the person's involvement in your care or service. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, finished product or other similar forms of information.

Required by Law. We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to assist law enforcement officials in their law enforcement duties; or
- to assist public health officials avert a serious threat to the health or safety of you or any other person.

Your Authorization. In addition to the previously described uses of your information, you may give us written authorization to use your information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your information for any reason except those described in this Notice.

Your Personal Information Rights

Access: You have the right to review or get copies of your information, with limited exceptions. You may be asked to make a request in writing to obtain access to your information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice setting forth the specific information to which you desire access.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your information to a third party for purposes other than those referred to above, but not for disclosures made prior to January 1, 2004.

Amendment: You have the right to request that we amend or correct your information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. You may obtain a form to request an amendment to your information by using the contact information listed at the end of this Notice.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the Privacy Commissioner of Canada. We will provide you with the address to file your complaint upon request.

We support your right to the privacy of your information. We will not retaliate in any way if you choose to file a complaint with us or with the Privacy Commissioner of Canada.

Contact Information

If you have any questions or complaints, please contact:

Privacy Office
Luxottica Retail
4000 Luxottica Place
Mason, Ohio 45040
Phone: 513-765-4321
Email: privacyoffice@luxotticaretail.com

Thank you for entrusting Luxottica Retail with your eye wear needs.