



OCCUVAX, LLC 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 IT CAREFULLY.

OccuVax, LLC (the "Company or "we") is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of the Company's legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (this "Notice") describes how the Company may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to PHI about you.

The Company is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. We will provide any revised Notice to you prior to your next receipt of the Company's products or services.

Your Health Information Rights

You have the following rights with respect to PHI about you:

Obtain a paper copy of this Notice upon request. You may request a copy of this Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact Robert W. Harris (the "Compliance Officer") in writing at 10913 Olive Street, LaVista, Nebraska, 68128.

Request a restriction on certain uses and disclosures of PHI. You have the right to request, additional restrictions on the Company's use or disclosure of PHI about you by sending a written request to the Compliance Officer on the form provided by the Company. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include a record of influenza vaccinations and billing records. To inspect or copy PHI about you, you must send a written request to the Compliance Officer on the form provided by the Company. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the Compliance Officer on the form provided by the Company. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you on or after April 14, 2003 for most purposes other than influenza vaccinations, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the Compliance Officer on the form provided by the Company. Your request must specify the time period, but may not be longer than six years. The first accounting you request within a twelve month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to the Compliance Officer

on the form provided by the Company. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Examples of How We May Use and Disclose PHI

The following are descriptions and examples of ways we may use and disclose PHI:

We may use PHI for treatment. Example: Information obtained by the nurse for OccuVax may be used to administer the vaccination to you. We will document in your record information related to the influenza vaccination and services provided to you.

We may use PHI for payment. Example: We may contact your insurer to determine whether it will pay for your influenza vaccination and the amount of your co-payment. We will bill you or a third-party payor for the cost of influenza vaccination administered to you. The information on or accompanying the bill may include information that identifies you, as well as the vaccination you received.

We may use PHI for health care operations. Example: We may use information in your health record to monitor the performance of the nurses providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the services we provide.

We are likely to use or disclose PHI for the following purposes:

Business associates: There are some services provided by us through contracts with business associates. Examples include delivery services and nurses. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third party payor for services rendered. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

We are permitted to use or disclose PHI about you for the following purposes:

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a government authority (i.e. a social service or protective services agency), if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Other Uses and Disclosures of PHI

The Company will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

For More Information or to Report a Problem

If you have questions or would like additional information about the Company's privacy practices or if you need to contact the Compliance Officer for any reason, you may contact the Compliance Officer in writing at 10913 Olive Street, LaVista, Nebraska 68128. If you believe your privacy rights have been violated, you can file a complaint with the Compliance Officer on the form provided by the Company or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date

This Notice is effective as of January 28, 2006.