

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR FAMILY MEMBERS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep health information that identifies you or your family members private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or healthcare operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes, prescribing glasses and/or contact lenses, prescribing medications and faxing them to be filled; referring you to another doctor or clinic for eye care or services; getting copies of your health information from another health care professional that you may have seen before our visit. Examples of how we use or disclose your health information for payment purposes are: asking you about your medical and/or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts. Health care operations mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records. We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs and medical devices;
- Disclosure to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare and Medicaid; or for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Uses or disclosures for health related research;
- Disclosures relating to worker's compensation programs;
- Disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information;

APPOINTMENT REMINDERS

We may call, text, write, or email to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, text, write, or email to notify you of other treatments and services available at our office that might help you. Unless you tell us otherwise, we will mail an appointment reminder post card, and/or call/text/email a reminder message. If you are not available by phone, we will leave a voicemail message or speak with someone who answers your phone if you are not available.

OTHER USES AND DISCLOSURES

We will not make any other uses or discloses of your health information unless you sign a written authorization form. The consent of an authorization form is determined by federal law. Sometimes, we may initiate the authorizations process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation you will give us a properly

completed authorization form, or you can use one of ours. If we initiate the process and ask you sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the attention of the privacy officer at the address at the bottom of this form.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment, payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you desire. To ask for a restriction, send a written request to the privacy officer at the address or fax at the bottom of this form.
- Ask us to communicate with you in a confidential manner, such as phoning you at work rather than at home, by mailing health information to a difference address, or by using email to your personal email. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost required for the task. If you want to ask for confidential communications, send a written request to the privacy officer at the address or fax at the bottom of this form.
- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within thirty (30) days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one thirty (30) day extensions of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the privacy office at the address or fax at the bottom of this form. as us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within sixty (60) days from when you ask us. We will send the corrected information to persons who we know received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one thirty (30) day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment to the privacy officer at the address or fax at the bottom of this form.
- Get a list of the disclosures that we have made of your health information with the past six years. By law, the list will not include: disclosures for purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within sixty (60) days of receiving it, but by law we can have one, thirty (30) day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the privacy officer at the address or fax at the bottom of this form.
- Get additional paper copies of this Notice upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the privacy officer at the address or fax at the bottom of this form.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice, we will post the new notice in our office, have copies available in our office, and post it on our website.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the US Department of Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to: Privacy Officer at 8362 Grand Ave, River Grove, Illinois 60171. If you prefer, you can discuss your complaint in person or by phone.

NOTICE OF PATIENT PRIVACY RIGHTS, PROTECTION, AND RESPONSIBILITIES

Please **INITIAL** on the corresponding line.

_____ **RELEASE OF INFORMATION**

I authorize the release of any personal, medical or other information needed by GRAND EYE CARE. I understand that this information can and will be used to conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly, obtain payment from third party payers, and conduct normal healthcare operation such as quality assessments and physician certifications.

_____ **RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been given the opportunity to review and received a copy of GRAND EYE CARE's notice of privacy practices.

_____ **SERVICES PROVIDED WITHOUT AUTHORIZATION**

As a member of a medical insurance carrier and/or vision plan, I acknowledge for today's visit that I will assume full financial responsibility for services rendered to me if my medical insurance and/or vision plan denies or does not cover my claim for these services.

_____ **COPAYMENT & DEDUCTIBLES**

I understand that I am responsible to pay all co-payments at the time of service, prior to leaving the premises of GRAND EYE CARE. Co-payments cannot be waived at any time by the provider of service or GRAND EYE CARE. If my insurance determines that I have not met my deductible, I understand that I will be fully responsible for payment in a timely manner after I have been notified by insurance and/or provider. Yearly deductibles cannot be waived at any time by GRAND EYE CARE.

_____ **REFRACTION**

Refraction determines the prescription for glasses and is a standard part of an eye examination. **I have been informed that refraction is a non-covered service under Medicare and most other medical insurances and I am responsible for payment of the fee for this service.** If you have a vision plan, you will be required to pay the co-payment prior to receiving your finalized prescription.

_____ **PROFESSIONAL SERVICES & MATERIALS**

I understand that I am responsible for 100% of all professional fees rendered on the date of service. I understand that I am also required to make payment for 100% of materials at the time materials are ordered. Deposits are not allowed for professional services and/or material. Every order is custom made for each individual, and I understand that there are no returns or refunds for materials or services rendered. If I do not pick up my materials within 30 days from my initial order, my materials will be deconstructed, and I will not be refunded. All sales are final.

Patient/Guardian Signature

Date

Patient Name (PRINT)

Medical Insurance vs Routine Vision Benefits: What's the Difference?

Many patients have medical and routine vision benefits. The examination services that these individual carries cover vary greatly. Grand Eye Care finds it important to inform our patients of the differences between medical insurance and routine vision benefits.

Routine Vision Benefits: Routine vision benefits (VSP, Eyemed, etc) only allow for the determination of a glasses or contact lens prescription through a routine eye examination. Routine vision benefits do not cover any service related to any medical condition or diagnoses. Routine vision benefits will have applicable copayments and discounts that are required to be paid in full on the date of service.

Medical Insurance: Medical insurances (Medicare, BCBS, United, Humana, Aetna, Cigna, etc) are utilized for any medical conditions that effect your vision or ocular health. Additionally, there are many medical conditions that effect your ocular health without effecting your vision. If your medical insurance has a co-pay or allowed amount associated with the visit, then it will be required to be paid in full at the date of service.

1. If you have ANY problems or complaints that may be attributed to a medical condition and diagnosis, Grand Eye Care will submit the examination to your MEDICAL INSURANCE. These symptoms may include the following:

- Blurred Vision
- Dry Eyes
- Watery Eyes
- Itchy Eyes
- Eye Pain
- Eye Redness
- Eye Strain
- Double Vision
- Headaches
- Flashes of Light
- Floaters
- Fluctuating Vision
- Light Sensitivity
- Decreased Night Vision
- Glare and Halos

2. There are several systemic medical conditions that are known to cause progressive and permanent loss of vision. Examinations relating to systemic medical conditions are NOT covered by routine vision benefits, therefore, Grand Eye Care will submit the examination to your MEDICAL INSURANCE. The following conditions may require additional follow up visits, imaging, and communication with your primary care provider.

- Diabetes Mellitus
- Thyroid Disease
- High Blood Pressure
- Autoimmune Disorders (Lupus, Rheumatoid Arthritis)
- Stroke
- Infectious Disease (Tuberculosis, Lyme, Syphilis)

3. If you have been previously diagnosed by another eye care provider for any eye conditions that require medical decision making, treatment, and/or management, then Grand Eye Care will submit the examination to your MEDICAL INSURANCE. This includes:

- Cataracts
- Amblyopia/Lazy Eye
- Corneal Scar
- Glaucoma
- Dry Eye Syndrome
- Keratoconus
- Retinal Tear/Detachment
- Macular Degeneration
- Diabetic Retinopathy
- Macular Edema
- Vascular Occlusion
- Double Vision

4. If you have been referred by another provider, or want a second opinion on a diagnosis, then Grand Eye Care will submit your examination to your MEDICAL INSURANCE, because routine vision benefits do not accept examinations related to referrals or second opinions.

These rules are established by insurance carries, and Grand Eye Care is required by law to follow these rules. By signing below, I, the patient, understand the differences between medical insurance and routine vision benefits and authorize Grand Eye Care to submit my examination to my insurance according to the above guidelines.

Patient/Guardian Signature

Date

Patient Name (PRINT)