

## Notice of Privacy Policies: Hadden Eyecare Associates, PLLC

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. Effective 11/24/07

We are required by law to maintain privacy of your medical information. The information in this notice is as required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

How we may use or disclose your medical information:

For treatment, payment, and regular health care operations – Information obtained will be used to dispense and provide prescription ophthalmic goods and services to you, bill your insurance carrier if you have third party coverage, and to record and monitor the services provided to you. Information will also be provided to you upon your request.

As and when required by law – We may use and disclose your health information to public health officials, law enforcement, health oversight administration (FDA for reporting adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of national security, if you are in the military or a veteran of the armed forces when requested, or if you become an inmate in a correctional facility.

For personal communications – We may contact you to provide appointment reminders, annual eye exam cards or communications, and other information about the treatment alternatives and other health-related benefits and services as well as share your information with individuals involved in your care.

For victims of abuse, neglect, or domestic violence – We may disclose your medical information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

We may not use or disclose your medical information except as described in this Notice of privacy practices without your written authorization.

You have the following rights with respect to your medical information:

You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to the restrictions that you have requested. You have the right to inspect and copy your medical information as long as we maintain the medical information. You have the right to request that we change your medical information that is incorrect or incomplete. You may request communications of your medical information by a different residence or post office box. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

***By signing, I acknowledge that I have received the Hadden Eyecare Associates Privacy Notice and I, the patient or parent/guardian authorize Hadden Eyecare Associates to perform vision care services.***

## **Professional Services Authorization: Hadden Eyecare Associates, PLLC**

Effective 11/24/07

I, the patient or parent/guardian, authorize release of all information related to insurance claim to all authorized parties. I understand services may be submitted to insurance providers to obtain payment. I understand that I am responsible for any co-pays, deductibles or amounts not covered by my insurance.

Wellness visits range from \$45-\$79 and medical visits can range from \$30-\$250, depending on procedures and services required. I understand additional medical procedures may have applicable co-pays and/or deductibles.

***By signing, I acknowledge that I have received the Hadden Eyecare Associate's Professional Services Authorization form and I, the patient or parent/guardian authorize Hadden Eyecare Associates to perform vision care services.***

## **Contact Lens Policies: Hadden Eyecare Associates, PLLC**

Effective 11/24/2007

Congratulations as you embark as a successful contact lens wearer – or those who already wear contact lenses, continue to safely and comfortable wear contact lenses! The following are a few policies that we follow:

Your contact lens follow-up care for ROUTINE re-checks for the evaluation and comfort of the lenses are FREE for 60 days. Non-routine care such as for eye infections, scratched corneas, allergies and other medical issues are billable to the patient the day of service OR can be billed to insurance (we are providers for most medical insurance plans).

A contact lens is a medical device in contact with the tissues of your eye. Any manufacturer specified disposal schedules are medically indicated based on the performance of that lens. Disposal schedules (daily, every 2 weeks, monthly) are not merely suggestions, but are medical guidelines that should be strictly followed for the health of your eyes.

Patients who fail to come in for the required follow-ups to finalize their contact lens Rx within the 60 day period may be subject to a \$30 fee per visit. If the time frame has exceeded 3 months between the initial exam and follow-up, a full new exam may be required.

Please note trial/sample contact lenses can ONLY be dispensed by the doctor for the purpose of evaluating and finalizing the contact lens prescription. No trials may be dispersed as temporary lenses or loaners until orders arrive. Please place orders prior to running out of your contact lenses or use eyeglasses until orders arrive.

***By signing, I acknowledge that I have received the Hadden Eyecare Associates Contact Lens Policies Notice and I, the patient or parent/guardian authorize Hadden Eyecare Associates to perform vision care services.***

## **ONLINE INTERACTION POLICIES: Hadden Eyecare Associates, PLLC**

Effective 11/24/2007

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY TRANSMITTED ELECTRONICALLY. "I wish to use Internet-based communications, registration and other Internet-based modes of interaction to facilitate my receipt of health care from this practice."

### **Benefits and Risks:**

The benefits of Online Interaction include being able to take advantage of the expertise of a physician who may not be physically available to provide health care, and access to sources of information suggested by my own physician. There are potential risks associated with receiving health care through Online Interaction, including for example, timeliness of the interactions and the inability of a physician to give me a complete physical examination. General information to which my physician(s) may refer me, or that which may be available on their Web sites, is not to be used for purposes of self-diagnosis or self-treatment, and to the extent that I do so I release my physician(s) and the practice and hold them harmless.

**Confidentiality and Security of Information:** All state and federal rules and regulations governing confidentiality of my medical records and access to my Personally Identifiable Health Information (including my ability to obtain copies of my records) will apply to services provided through Online Interaction and to the info transmission and storage.

### **Use of Electronic Mail:**

I understand and agree that I am not to use the secure messaging service in emergency or other time-critical situations. While I should not use regular e-mail to communicate to my physician and his/ her staff about personal health matters, standard e-mail may be used by the practice for purposes such as sending me notification of new messages that have been sent to my secure mailbox, or non- personal types of communications such as informing me of changes to office policies. The practice uses a secure, healthcare-oriented messaging service from Waiting Room Solutions, LLC.

Online communications alone are not sufficient for proper medical care. My physician may refuse to continue online discussion of a condition when he or she believes an in-person encounter is appropriate. If my username and password is obtained by another individual, including an unauthorized family member, I am to notify the practice immediately and at the earliest opportunity should return to the practice or its website to establish a new username and password.

**Ownership of Information:** Neither the practice nor my physician(s) make any claim of legal ownership of the electronic information that is exchanged via Online Interaction and stored by third- party providers of online services. There are no current conclusions of law that would hold that the information is legally owned by me, by the practice, my physician(s), or the vendors of the online services used to create and store the information. However, I do have rights of access to the information, and rights of refusal to disclosures of the information.

***I hereby consent to obtaining some aspects of my health care from the practice using Internet-based communications and I further consent to the electronic transmission and storage of my Personally Identifiable Health Information.***