

Northwoods Family Eyecare Responsibilities and Consent

Patient Name: _____

DOB: _____

Financial Responsibilities

Bring your insurance card and picture ID to each visit. Notify our office of any changes in your contact information.

Insurance

You (or your legal guardian) are responsible for the payment of your account including payment of co-pays, coinsurance, deductibles, all other procedures or treatment not covered by his/her insurance plan and all direct or indirect fees incurred in collecting any outstanding balance.

While we will assist in filing for insurance, we cannot guarantee coverage. As the insured, you are responsible for knowing your insurance benefits and requirements for coverage and ensuring that any necessary referrals or authorizations are obtained before receiving services. In the event of a dispute or rejection of a claim you are responsible for payment.

We may file some types of insurance for you as a courtesy; however, you are responsible for staying in contact with the insurance company to assure that they pay in a timely matter. We may require payment for your services in full if your insurance company has not paid the benefits to us within 90 days of submission. Any insurance benefits that are later received for those services will be refunded to you. Payment is due at the time of the service. We accept cash, check, debit, Visa, MasterCard, and Discover.

Purchase of Goods

- Payments for glasses or contacts may be split into two payments, the first being due at the time of order.
- Prescription changes will be performed at no charge for 60 days following the original date of service.
- All sales are final. Once an order is sent to the lab, it may not be cancelled.
- Fees for services rendered are non-refundable.
- A complete eye examination AND contact lens evaluation must be performed yearly to maintain a current prescription for contact lenses.
- Three (3) contact lens follow-up appointments are included in the contact lens evaluation. Each additional follow-up will be billed at \$40.
- Open boxes of contacts may not be returned or exchanged.
- Patients who choose to reuse their own frames assume the risk of breakage or loss during production.

Canceled Appointments

While we understand that there may be times when you miss an appointment due to emergencies or obligations, we ask that you give us 24-hour notice on all cancelled appointments. If you repeatedly miss appointments without any notification you will only be seen on a walk-in, space-available basis or will be required to pay for your appointment in advance and payment will be forfeited if you do not show. Insurance does not cover missed appointments.

Records Release

We will provide a report of your most recent exam results and current spectacle and contact lens prescriptions at no charge. If you request copies of your full medical records, there will be a charge of \$.30 per page plus the cost of any delivery method that you choose (or the fee allowed by the State of WI at the time of the request). All charges must be paid before the records will be released.

Acknowledgements:

I have read, understand and agree to the policies outlined above.

I consent to the performing of optometric procedures agreed to be necessary or advisable.

I authorize the release of any information contained in my records for the purpose of my treatment, billing and processing of insurance claims and I authorize payment of benefits to Northwoods Family Eyecare.

The duration of this document is indefinite and continues until revoked in writing.

Signature

Date

Print Name (and relation if parent or guardian)

Notice of Privacy Practices:

I acknowledge that a copy of the Northwoods Family Eyecare Notice of Privacy Practices has been made available to me for review.

Signature

Date



Notice of Privacy Practices

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written, electronic or oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition. Protected health information is stored electronically and is subject to electronic disclosure. This Privacy Notice describes the practices of the facility listed above and any staff member and any health care professional that participates in your care. All of these people follow the terms of this Privacy Notice. They may also share protected health information with each other for treatment, payment or health care operations as described in this Privacy Notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the facility with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition, or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, glasses, or other similar forms of health information and/or supplies unless you have advised us otherwise.

Health care operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our records staff, outside health or management reviewers and individuals performing similar activities.

Required by law: We will use and disclose your protected health information when we are required to do so by any federal, state or local law.

Abuse or neglect: We may notify government authorities if we believe that an individual is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the individual agrees to the disclosure.

When There Are Risks to Public Health: We may use and disclose your protected health information for public health activities, including: To prevent, control, or report disease, injury or disability as permitted by law. To report vital events such as birth or death as permitted or required by law. To conduct public health surveillance, investigations and interventions as permitted or required by law. To collect or report adverse events and product defects, track FDA regulated products; enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

For Worker's Compensation: The facility may release your health information to comply with worker's compensation laws or similar programs.

To Business Associates: We may disclose your protected health information to third parties known as "Business Associates" that perform various activities (e.g. legal services, delivery of goods) for us and that agree to protect the privacy of your protected health information.

Appointment reminders: We may use or disclose your health information to provide you with appointment reminders and pickup reminders including, but not limited to voicemail messages, postcards, or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Upon written request, you have the right to inspect and get copies of you health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our privacy officer for a copy of the request form. You may also request access by sending us a letter. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$.30 for each page and the staff time charged will be \$10.00 per hour including the time required to locate and copy your health information. If you want the copies mailed to you, postage will also be charged. If you prefer a summary of an explanation of you health information, we will provide it for a fee. Please contact our privacy officer for a fee and/or for an explanation of our fee structure.

You have the right to amend your health care information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment and /or payment purposes, we do not keep a record of routine disclosures: therefore they are not available). You have the right to a list of instances in which we, or our business associated, disclosed information for reasons other than treatment, payment or healthcare operations.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergencies). Please contact our privacy officer if you want to further restrict access to your health care information. This request must be submitted in writing.

You have the right to file a complaint with us if you feel we have not complied with our privacy policies. Your complaint should be directed to our privacy officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a complaint form from our privacy officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us.