

VisionHealth EyeCare PLLC
Inside Wal*Mart Vision Center
David J. Langford, O.D.
1550 N Main St.
North Logan, UT 84341
T: 435-753-3906 F: 435-753-3918
www.visionhealtheye.com



**CONSENT TO THE USE AND DISCLOSURE OF PROTECTED HEALTH CARE
INFORMATION FOR TREATMENT, PAYMENT, AND HEALTHCARE
OPERATIONS**

NOTE: This page is the summary form. Please see pp 3-5 for the full HIPAA form. Page 2 has an explanation of exam fees.

I understand that:

- As part of my health care, VisionHealth EyeCare PLLC originates and maintains health records describing my health history, symptoms, examinations, diagnoses, treatment, and (if applicable) vision and medical insurance information.
- The use and disclosure of my protected health information by VisionHealth EyeCare PLLC is necessary in order to provide me medical and vision care, to carry out the practice's health care operations, and to obtain payment for my examinations and treatments. Your glasses and/or contact lens prescription information is shared with the Logan, Utah Wal*Mart Vision Center as well as your exam fees, exam codes, and diagnoses names and codes are shared to facilitate payment collection.
- I have the option to receive a complete copy of VisionHealth EyeCare PLLC's Notice of Privacy Practices in the office located inside the Logan, Utah Wal*Mart Vision Center and also on the internet at <http://www.visionhealtheye.com/hipaa> . This document provides a complete description of the use and disclosure of my health information. I have the right to review that Notice prior to signing this consent. I also understand that VisionHealth EyeCare PLLC reserves the right to change the Notice and its privacy practices at any time. If I request, VisionHealth EyeCare PLLC will e-mail me a copy of any revised Notice prior to its implementation.
 - If you provided your e-mail, we will use it only to notify you that your prescription has expired, to advise you of any changes to the VisionHealth EyeCare PLLC Notice of Privacy Practices document, and any official correspondence from the doctor.
- (Optional) Please send my Physician a report after each eye exam regarding my vision and eye health to better coordinate care for my health condition(s). (This is helpful for patients with diabetes, high blood pressure, or other conditions where your doctor asks you to get an eye exam.) My initials_____. My physician's name and info:

- I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN THIS FORM.



Summary Explanation of Exam Fees

Insurance Information (please show your card to the doctor): You are responsible for all charges incurred, and full payment is due at the time of exam. You are responsible for any charges not covered by your insurance, and known co-pays must be paid at the time of service. Dr. Langford accepts these insurances, and Walmart can take ones in bold:

AlwaysCare Altius BlueCross(including MedAdvantage) **IBEW(#57)** GBA CSI DMBA Educators Mutual
Spectera/OptumHealth **Davis** **Block** **Avesis** **NVA** **Advantica** **Superior**
UnitedHealthCare **Principal Vision** PEHP Advantage/Preferred Utah MedicAID/PCN(not TPL or Molina)

Please indicate to the doctor all the exam service(s) you desire (bold indicates most common options):

Routine Vision Exam: \$50. Includes glasses prescription and eye health assessment. Now includes dilation at no extra charge! (*see below if you want to opt out of dilation).

Contact Lens Rx Option: Level 1 \$30 or Level 2 \$40 (plus the Vision Exam above)

Assessment of fit and vision with contact lenses. This evaluation is required to be given a prescription for contacts. Includes any follow-up visits needed for up to 60 days. Fitting of spherical disposable lenses are covered in the Level 1 \$30 fee. If you require toric lenses for astigmatism, RGP lenses, monovision, or bifocal lenses then doctor charges the Level 2 fee. Usually included is a sample pair of free soft contact lenses, but only if we have your prescription in our trial lens kit (so do not throw away your own contacts until after you speak with the doctor). **A Routine Vision Exam within 6 months is a prerequisite** for this service (and if done elsewhere, must bring proof of exam like a dated glasses Rx), so if you haven't had an eye exam within the last 6 months then you must check the above Routine Eye Exam box also.

Foreign Body Removal: \$75. Removal of particles from cornea or conjunctiva. (Usually must return for at least one level 2 medical visit.)

Medical Eye Visit: Level 2 \$45 or Level 3 \$65. Assessment of red eyes or other non-glasses but eye-related medical concerns. Fee level depends on exam needed to determine diagnosis and treatment.

*Dilation Information

Dilating drops enlarge your pupils so Doctor has a big window to see everything inside your eye. Required if you have diabetes. Tumors, retina holes or tears, and other sight-threatening problems can develop inside your eyes without you feeling or noticing any problems. Without dilation, the doctor can see the central area inside your eye, but he misses the periphery. If you want a thorough exam, choose to have your eyes dilated and be prepared to be sensitive to sunlight for about 4-5 hours and to see blurry at near. Doctor recommended especially if over age 50 or if myopia is -5.00 or more. Doctor also typically orders dilation drops if you are farsighted to relax the focusing muscles to discover the true degree of hyperopia.

Yes I want dilation.

No, I do not want dilation today and have read the above and understand the risks of not dilating.

FYI: The following options are usually done only when certain medical eye conditions require it:

Corneal Topography: \$20, HRT2 optic nerve imaging: \$30, Complete Visual Fields: \$40.

Effective date of notice: 9-6-2011

NOTICE OF PRIVACY PRACTICES

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— VisionHealth EyeCare —
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Protecting Your Health Information

**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.**

We respect our legal obligation to keep health information that identifies you 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 health care 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, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). “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 will 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 or medical devices;
- disclosures 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 or 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;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information (ex. anonymized for provider education case studies);
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information per HIPAA regulations (these include our electronic insurance billing partner and our electronic health records provider);
- sharing glasses and/or contact lens prescription information with the Logan, Utah Wal*Mart Vision Center;

Unless you object, we will also share relevant information about your care with your family or caregivers who are helping you with your eye care.

APPOINTMENT REMINDERS

We may phone call, letter write, e-mail, or SMS text to remind you of scheduled appointments, or that it is time to make an appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail or e-mail you an appointment reminder on a post card or letter, and/or leave you a reminder message via text, your home answering machine, or with someone who answers your phone if you are not home.

CO-MANAGEMENT WITH OTHER PROVIDERS

When your healthcare is coordinated, consulted, or referred between VisionHealth EyeCare PLLC and other health care professionals, like other optometrists, ophthalmologists, primary care physicians (PCP), or surgeons, this is called co-management, and we will share with them information about your health history, vision history, and eye health history. This sharing of information is especially critical when VisionHealth EyeCare PLLC is providing pre-operative and post-operative care for an eye surgery or when eye conditions are referred/consulted to facilities outside VisionHealth EyeCare PLLC. It is also very important for your PCP's continuity of care for conditions like diabetes, high blood pressure, arthritis patients taking hydroxychloroquine, or any time your physician requests that you have an eye exam. These professional courtesy letters can be mailed, faxed, or electronically encrypted and transmitted (using HIPAA compliant standards) to these providers without your explicit authorization. You must notify VisionHealth EyeCare PLLC **in writing** if you DO NOT want any information shared with any co-managing health care provider unless you provide an "Authorization for Release of Identifying Health Information" form.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." Our office calls this form "AUTHORIZATION FOR RELEASE OF IDENTIFYING HEALTH INFORMATION," and it is available at our office or on the Internet at <http://www.visionhealtheye.com/hipaa>. The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's 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 to 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 office contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency 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 want. To ask for a restriction, send a written request to the office contact person at the address, fax or E Mail shown at the beginning of this Notice.
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E mail to your personal E Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- ask to see or to 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 30 days of asking us (or sixty days if the information is stored off-site). 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 30 day extension 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got 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 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.
- ask us to not share with the Logan, Utah Wal*Mart Vision Center your glasses and/or contact lens prescription information, your exam fees, exam codes, and/or diagnoses names and codes (these are normally shared to facilitate payment collection);
- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). 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 60 days of receiving it, but by law we can have one 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices 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 of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our web site at <http://www.visionhealtheye.com>.

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 U.S. Department of Health and 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 the office contact person at the address, fax or E-mail shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.