

ACKNOWLEDGEMENT OF DISCLOSURE AND ACCEPTANCE OF PATIENT FINANCIAL RESPONSIBILITY

Financial Agreement

- I hereby authorize and consent to medical treatment by Optic Gallery Seven Hills/The District for me/or my child.
- I authorize Optic Gallery Seven Hills/The District to release my medical information to my family doctor and to any insurance company, adjuster, attorney, authorized agent working on my behalf of Optic Gallery Seven Hills/The District or other authorized party.
- I understand that I am responsible for payment of all vision and medical treatments rendered to me by Optic Gallery Seven Hills/The District, and I agree to pay all copayments, deductibles, and non-covered service fees in full at the time of the visit.
- I understand that, as a courtesy to me, Optic Gallery Seven Hills/The District will file a claim with my insurance carrier, if within network, and I authorize payment directly to Optic Gallery Seven Hills/The District for the benefits otherwise payable to me under the terms of my insurance.
- I understand that I am responsible for maintaining current coverage information, to meet filing deadlines and for the payment of any remaining balance after payment from my insurance carrier.

Privacy Policy

Patient Privacy Notice Summary

Earning and maintaining your trust and safeguarding your privacy is the cornerstone of our patient relationship with you. The protection of your privacy is a key part of maintaining your trust. This has been a fundamental operating principle of **Optic Gallery Seven Hills/The District** since our founding and remains so today.

- This Patient Privacy Notice Summary lets you know we have strict internal policies regarding confidentiality of patient information.
- We keep physical, electronic, and procedural safeguards that comply with federal guidelines to protect patient information.
- Our employees are bound by our policies to access patient information only for legitimate clinical and/or business purposes and to keep such information confidential at all times.
- We pledge to do all we can to protect your privacy.
- If you have any questions about our Privacy Policy, or about how your information is preserved, safeguarded, or used, please contact our Compliance Officer, Tracy, at 702-634-2020.
- Initialing this section signifies you have received a copy of our Notice of Privacy Practices.

Signature

Patient, Parent or legal guardian

Date