

Refined Eye Care & Eyewear Gallery

NOTICE OF PATIENT PRIVACY RIGHTS, PROTECTION, AND RESPONSIBILITIES

HIPAA

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which I can request a copy of, that I have certain rights to privacy regarding my protected health information. 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 operations such as quality assessments and physician certifications. I consent for Refined Eye Care & Eyewear Gallery to communicate with me via unsecured encrypted email. If not, I agree to use the secure HIPAA compliant patient portal, upon which a unique username and password will be provided to me.

INSURANCE / BILLING

Routine eye wellness exams will be billed to your vision insurance plan and patient responsibility for routine exam or materials copays and coinsurance is due at the time of visit. However, if you have medical conditions, have medical testing, or the doctor uncovers a medical diagnosis as the cause of your presenting symptoms, the exam and/or any associated medical procedures must be billed to your medical insurance carrier. I acknowledge for any visit that I will assume full financial responsibility for services rendered to me if my insurance carrier denies or does not cover my claim for these services.

INSURANCE COPAY & DEDUCTIBLES

I understand that I am responsible to pay all co-payments at the time of service. Co-payments cannot be waived at any time by the provider of service or Refined Eye Care & Eyewear Gallery. 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, no more than 30 days after I have been notified by insurance and/or provider. Yearly deductibles cannot be waived at any time by Refined Eye Care & Eyewear Gallery.

PROFESSIONAL SERVICES AND MATERIALS

I understand that I am responsible for 100% of all professional fees rendered on the date of service. Our Patient Satisfaction Guarantee applies to single vision and progressive lenses. We use premium single vision optics and premium progressive addition lenses, otherwise known as "no-line" bifocals. Less than one percent of our patients have difficulty adapting to our premium progressive lenses. We will remake a non-adapt progressive lens or single vision lenses one time, in the same frame. If it is still unsatisfactory, we will replace it with a lined bifocal or a single vision lens, in the same frame. While we make every attempt to solve these rare issues, no refunds will be given in a case where a patient does not adapt to a progressive lens or single vision lens.

PATIENT/GUARDIAN ACKNOWLEDGMENT AND AGREEMENT

Patient Name (Print) _____ Patient Signature _____

*** If patient is a minor:**

I attest that I am the legal guardian to make medical decisions and consent to HIPPA privacy authorization

Name of Legal Guardian _____ Guardian Signature _____

Date _____

Witness _____