



Information Form

Patient's Name: _____

How did you hear about our office? _____

I authorize my information to be shared with (name of spouse, etc): _____

Dilation vs Photo

As part of your medical eye exam, the doctor is required to look inside your eye. This can help diagnose and prevent blinding diseases such as glaucoma (about 1 in 50 people in the US has glaucoma) and diabetic retinopathy (about 1 in 38 people in the US has diabetic retinopathy), and fatal diseases such as a brain tumor or aneurysm, leukemia, and eye cancers.

To look inside your eye, standard of care is to use dilation drops, which lets the doctor see 100% of the inside of your eye. Dilation can cause light sensitivity and/or blur for a few hours. The cost of dilation is covered by insurance, and included in the examination fee.

You can alternatively receive a retinal screening photo which is \$39 and may not be covered by your insurance. The photo allows you and the doctor to see the most important 50% of the retina, and serves as a baseline to detect subtle diseases earlier than they would normally be caught.

You can also refuse to let the doctor look inside your eye, in which case he will try to see about 10% of the inside of your eye. Timely diagnosis and treatment of all internal eye disease may not be possible. If you refuse, you accept any and all risks of not detecting internal eye disease, including permanent loss of vision and/or death.

Please select and sign only ONE of the following options:

Dilation Drops - free -
(see 100% of retina)

Retinal Photo - \$39 -
(see 50% of retina)

Refuse Internal Exam - free -
(see 10% of retina)



HIPAA
Notice of Privacy Practices
(effective 01-01-2017; revised 01-01-2017)

Our friends in Washington DC asked us to share this with you. You can always ask us for a copy of your medical record. You can ask us to communicate with you in a specific way, like your favorite phone number. You can ask us to not share or use your information, and can ask us who we've shared it with. You can get a copy of this notice at any time. You can authorize others to act on your behalf. You can contact the US Dept of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Ave, SW, Washington DC 20201, to let them know if you have a complaint, or would like to tell them what an awesome job we are doing! We don't sell your information or share with marketing spammers. We use your information to provide great health care to you, contact you, bill your insurance company, and communicate with other doctors who treat you, so we're all on the same page and can give you the best care possible. Sometimes the government requires us to share your information, such as for public health or safety issues, lawsuit responses, law enforcement, and government stuff like health oversight agencies and national security. We keep your information secure on encrypted servers, and we'll let you know if there is a breach. You can request any change or restriction of information sharing at any time. If anything changes on our end, we'll update this notice in writing and on our website, www.brighteyesmurphy.com, where you can also find cool facts about our staff, eye diseases, and how we help the community. By signing below, you are documenting that we showed this to you.

Signature: _____ Date: _____

Printed Name: _____

Medical Records Release

I authorize release of my medical records to Bright Eyes Vision Clinic, fax 972-476-1195, for continuity of care.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____



Office Policies

- **Prescription Policy**
 - We are not responsible for online vendors or non-affiliated opticals who dispense wrong prescriptions or poor-quality materials. If you choose to have your glasses made elsewhere, ensure the dispenser agrees not to charge you if your prescription needs to be redone. If you choose to have your glasses made at Bright Eyes Vision Clinic, we guarantee all of our lenses for 3 months for a prescription change, and 12 months for scratches and defects.

- **Financial Policy**
 - Our relationship is with you, the patient. Fees for services rendered are ultimately your responsibility. As a courtesy, we will file and bill your insurance. Copays and deductibles are due at the time of service. We will try to fight on your behalf to get your maximum benefit. Any unsettled, denied, or rejected claim after 90 days will become your responsibility.
 - All balances must be paid prior to the release of materials (glasses, contacts, etc). We require a 50% deposit before materials are ordered. After 90 days, any materials not picked up are considered abandoned, and any deposit forfeited as a storage and restocking fee.
 - We are not allowed to accept returns, refunds, or exchanges of materials. Glasses and contacts are considered restorative medical devices by the FDA, just like prosthetic limbs or dentures. As such, medical facilities are not allowed to re-sell "used" devices that have already been manufactured or taken home for use by a patient.

- **Insurance Assignment and Release**
 - I, the undersigned, assign directly to Bruce Colton O.D. and Bright Eyes Vision Clinic all insurance benefits for services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance company. I authorize Bruce Colton O.D. and Bright Eyes Vision Clinic to release information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

- **Advanced Beneficiary Notice**
 - Vision Insurance usually has a benefit for one routine exam (eye health) and refraction (glasses prescription) per 12 months. They usually do not cover any other office visits you may need during the year (ex. For infection, injury, allergy, etc). Office visit fees usually range from \$52 to \$125, depending on the time and risk required, and whether you are a new or established patient.
 - Medical Insurance usually has no limit to the number of medical eye exams you receive during the year, and will cover as many as you need. They do not usually cover refraction (measurement of glasses prescription). The fee for refraction is \$45. (Though this is usually covered by Vision Insurance; see above).

Signature: _____

Date: _____

Printed Name: _____