



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.

Medical Records Release

I authorize release of my medical records to Bright Eyes Vision Clinic for continuity of care.

Office Policies

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.

Prescription and Frame 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 at Bright Eyes Vision Clinic, we guarantee all our lenses for 3 months for a prescription change, and 12 months for scratches and defects. All our frames are warranted against manufacturer defects for 1 year. If you break your frame within 1 year of purchase, not due to manufacturer defect, we will replace the frame at 60% off the frame retail.

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: Office visit fees usually range from \$60 to \$104, 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. Vision insurance usually covers refraction.

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 and diabetes, and fatal diseases such as a brain tumor or aneurysm, leukemia, and eye cancers. Vision insurance usually pays for dilation. Medical insurance usually pays for retinal photos. You are free to choose either.

Signature: _____ Date: _____ Printed Name: _____