portland eyecare

Portland Eyecare Consent Form

HIPAA POLICY

_____Portland Eyecare is required to provide confidentiality for all medical health records and other individually identifiable health information. Ways in which we may use or disclose your protected health information includes: 1. Treatment 2. Payment 3. Health Care operations. Uses and disclosures will be made only with your authorization. I have read and understand the full HIPPA guidelines.

_____I give my consent for Portland Eyecare doctors or staff to leave messages on my provided phone number regarding scheduling, treatment or other information as necessary.

CONTACT LENS AGREEMENT

_____I understand that contact lenses are a medical device and require an annual prescription. An annual contact lens evaluation is mandatory to maintain an active contact lens prescription. This is true whether or not changes are made to the contacts. A training session is required for all first time contact lens wearers. This is an additional fee. The contact evaluation period can extend up to 60 days after your initial fitting. If after 60 days, a CLRx is not finalized, a new fitting will be performed. All contact lens fees are non refundable.

FINANCIAL RESPONSIBILITY

_____By initialing the above you are agreeing to pay any amount your vision or medical insurance does not cover. This includes copays, contact lens associated fees, deductibles, and other services not covered by your insurance plan. You are responsible to obtain necessary referrals or prior authorizations needed. It is your responsibility to understand your insurance coverage.

ROUTINE VS. MEDICAL COVERAGE

_____There are two types of health insurances that will help pay for your eye care service: Vision plans and Medical plans. Vision care plans only cover routine vision exams. These plans cover your glasses prescriptions and do not cover diagnosing or managing ocular diseases, such as Dry Eye Disease, Diabetes or Glaucoma. The doctor will determine if a medical issue is diagnosed at the time of your exam. If so, vision plans do not cover any diagnostic testing associated with a medical diagnosis. In this case, your medical insurance will be billed. You are responsible for any copay, deductibles or out of pocket expenses. By initialing the above, I understand the difference between vision and medial plans and am responsible for any amount my insurance does not cover.

Patient Name (Please Print)	Patient Signature	Date
Patient Representative (Please Print)	Relation to Patient	Patient Representative Signature