



## BAKER FAMILY EYECARE PRIVACY POLICIES

### DILATION OF PUPILS

When the eyes are DILATED, we are able to get a much broader and fuller view of the inside of the eye. This can assist us in determining eye diseases (such as diabetes, macular degeneration, glaucoma, hypertensive retinopathy, congenital eye diseases and tumors), damage to the retina (such as holes, tears, and detachments) and evaluation of cataracts. If you have symptoms such as flashes of light or excessive floaters, this procedure is absolutely crucial for proper diagnosis of retinal damage. Diabetics should be dilated yearly to check for diabetic retinopathy. The fee for DILATION is \$39.00 if it is not covered by your insurance.

I **DO** want the dilated eye exam.

I **do NOT** want the dilated eye exam.

### OFFICE POLICIES AND PRIVACY PRACTICES

*\*YOU ARE RESPONSIBLE FOR ANY BALANCE NOT COVERED BY YOUR INSURANCE\**

**REFRACTION POLICY:** THIS IS FEE IS NOT COVERED BY MOST MEDICAL INSURANCES. This test is necessary to generate a glasses prescription. The fee of \$35 will be collected in addition to your co-pay for this additional test. If your insurance reimburses for this test then you will be sent a refund in the amount you paid.

#### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have reviewed or been given a copy of this practice's Notice or Privacy Practices, which provides me a complete description of the uses and disclosures of certain health information. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

The following persons can have access to protected health information on a routine basis. I give permission for Baker Family Eyecare to share my protected health information with:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship