

Vision Source Communication, HIPAA Authorization, Policies

Patient Name: _____ **DOB** _____

I understand that Vision Source may need to contact me regarding appointments, billing matters, and other healthcare-related information. I understand that email and text messaging may not always be secure forms of communication and authorize Vision Source to communicate with me using these methods: Text Message, Voicemail, Email.

Patient Signature:X _____ **Date:** _____

Notice of Privacy Practices Vision Source

I have read or was allowed to read a full Notice of Privacy Practices before any services offered. By signing below, you acknowledge:

- You understand that your health information may be used and disclosed for purposes of treatment plan, payment, and billing of insurance.
- You understand your rights regarding your protected health information.

Patient Signature:X _____ **Date:** _____

Individuals I Authorize to Communicate on my behalf (Optional)

I authorize Vision Source to discuss my medical information, appointments, and billing information with the following person. (Example: Parent/spouse/child, etc.)

Name of Contact: _____ **Relationship:** _____

Name of Contact: _____ **Relationship:** _____

If paperwork filled out/signed by a parent/guardian/representative :

Representative Name: _____ **Relationship:** _____

Vision Plan VS Medical Insurance

I understand my annual wellness eye exam can only be billed through my vision plan if I have no medical conditions that affect my eyes. I understand that if I have medical eye concerns such as diabetes, dry eye, eye infections, cataracts, etc. I will be responsible for my medical copay or deductibles.

Optomap Imaging

You have chosen a family practice that takes pride in utilizing the latest technology to provide exceptional and comfortable eye care. As a patient of our practice, you will be included in our digital wide-field retinal imaging (Optomap) during all comprehensive eye examinations to assess the health of the back of your eye (the retina). This technology is not covered by most insurance plans and carries a fee of \$39.00, which will be collected at the time of your appointment.