

HIPAA Privacy Act

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to maintain the privacy of your protected health information. We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of our notice at any time and to make the new notice provision effective for all protected health information that we maintain. If we make a material revision to the term of our notice, you will receive a revised notice. If you should have any questions, please contact our Privacy Officer at 561.220.6272
I am aware of the privacy practices of Aronson Optometry, PA DBA GreenLake Eye Care.

Initials

Insurance Assignment and Patient Responsibility

I certify that I (or my dependent) have insurance coverage with the provided company on the day of the examination and assign directly to Aronson Optometry, PA DBA Greenlake Eye Care all insurance benefits, if any, otherwise payable to me for services rendered. I understand that my insurance contract is between myself and my insurance, not Aronson Optometry, PA dba Greenlake Eyecare and I am responsible for all charges whether or not paid by my insurance. If my insurance has not reimbursed this office in full within 60 days, I will be billed the outstanding balance. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefit payable for related services.

Vision Plans usually do not pay for any medical testing or treatments. Therefore, the patient will be responsible for any medical exam charges. All patient copays will be explained prior to testing and collected at the day of the exam. If your insurance does pay, we will refund that money to you.

Medicare/medical insurances do not pay for vision examinations or refractions (to determine prescription for glasses.) If a refraction is necessary or requested during the exam, the refraction charge is \$45.

Initials

Consent to Dilation

A dilated eye exam is the portion of the eye exam that evaluates the structures and anatomy within the eye for conditions like *glaucoma, cataracts, macular degeneration, diabetic eye disease and retinal detachments*. This is accomplished using a series of eye drops. Common side effects include blurred vision, light sensitivity and redness and can last several hours.

- ☐ **YES-** I understand the purpose of Dilation and agree to have it performed when necessary.
- ☐ **NO-** I understand the purpose of Dilation but choose not to be dilated (You may return for another appointment) *Florida law requires a dilated eye exam at initial visit unless declined by patient. If declined, Pt releases Greenlake Eye Care of any liability for possible eye disorders that may go undetected without examination.*

Please CHECK NO if you are currently (or might be) Pregnant

Effective January 1st, 2022 **ALL** patients will be required to have a Retinal Photograph to assess and monitor the major structures of the eye. This test has a **\$30 copay**. This test is not covered by insurance and is **mandatory** for all eye exams.
Unfortunately, there will be no exceptions.

Initials

Eye Wear Orders and Prescriptions

I understand that my prescription for Glasses &/or Contact Lenses will always be available upon completion via the Patient Portal found on the company website. I understand a copy of my prescription can be sent to me via email/fax however these methods are not 100% secure. A hard copy may be requested as well. **You have the right to postpone browsing for eyewear while in the office until a final prescription has been provided(either digital or paper), however, we may first assist those who are ready. By initialing, you understand this regulation.**

I understand that all prescription eye wear is customized to each individual. Therefore, there can be **NO RETURNS** on such orders. GreenLake Eye Care will do their best to resolve any issues but unfortunately all sales on eyewear are **FINAL SALES.**

Initials

I have read and understand all the policies and procedures of GreenLake Eye Care

Signature

Patient Name(s)