

## Notice of Privacy Practice

**Irving Eyecare  
Bradley Kardatzke, O.D.  
708 North Mac Arthur  
Irving , Texas 75061  
(972)254-0033**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

1. Our Mission Statement Regarding Personal Medical Information.

“Personal Medical Information is Confidential.” At Irving Eyecare, we understand that medical information is personal and confidential. The privacy of your personal medical information is important to us. We will work with you to keep your personal medical information confidential. As part of our ongoing agreement with insurance companies, government, and legal regulations, records are created and stored with your personal medical information. Only authorized personnel will have access to these records. This Notice of Privacy practices advises you of the ways that your medical information is used and the reasons for disclosure. It also describes your rights as a patient and our duties as a medical facility.

2. Our Legal Duty

The law requires us to:

1. Keep your personal medical information private.
2. Provide this Notice of Privacy Practice to you describing your legal rights and our duties as a medical facility.
3. Provide an effective date for this Notice.

We have the right to:

1. Change our Notice of Privacy Practice at any time as needed to keep current with legal or practice guidelines.
2. Make those necessary changes and all new terms will be effective for all patients and all medical information regardless of date of service at Irving Eyecare.

Signature: Signature of File

## Notice of Privacy Practices

### 3. Uses and Disclosures of Personal Medical Information

#### Consent to Use of Disclose Health Information for Treatment, Payment and Health Care Operations

In the course of providing service to you, we create, receive, and store information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct health care operations involving our office.

We have a comprehensive Notice of Privacy Practices that describes these uses and disclosures in detail. You are free to refer this Notice at any time before you sign this consent document. As described in our Notice of Privacy Practices, the use and disclosure of your health information for treatment purposes not only includes care and services provided here, but also disclosures of your health information as may be necessary or appropriate for you to receive follow-up care from another health professional. Similarly, the use and disclosure of your health information for purposes of payment includes our submission of your claims to a billing agent or vendor for purposes of processing claims or obtaining payment; our submission of claims to third-party payers or insurers for claims review, determination of benefits and payment; our submission of your health information to auditors hired by third-party payers and insurers, among other aspects of payment described in our Notice of Privacy Practices. Our Notice of Privacy Practice will be updated whenever our privacy practices change. You can get an updated copy here at the office.

When you sign this consent document, you signify that you agree that we can and will use and disclose your health information to treat you, to obtain payment for our services, and to perform health care operations. You can revoke this consent in writing at any time unless we have already treated you, sought payment for our services or performed health care operations in reliance upon our ability to use or disclose your health information in accordance with this consent.

You have the right to ask us to restrict the uses or disclosures made for purposes of treatment, payment or health operations, but as described in our Notice of Privacy Practices, we are not obligated to agree to these suggested restrictions. If we do agree, however, the restrictions are binding on us. Our Notice of Privacy Practices describes how to ask for a restriction.

I have read this consent and understand it. I consent to the use and disclosure of my health information for purposes of treatment, payment and health care operations.

Signature: Signature on File

## Notice of Privacy Practices

### 4. Explanation of Consent to Use or Disclosure Health Information for Treatment, Payment and Health Care Operations.

The following explanation of the uses and disclosure of your personal medical information at Irving Eyecare is for illustration purposes only. It is not meant to be complete. For each use or disclosure an explanation and example will be utilized. We will not use or disclose your personal medical information for any purpose other than the uses and disclosures intended within this Notice of Privacy Practice without your specific written authorization. Any written authorization may be revoked by you at any time in writing unless we have relied upon the authorization.

- a. "Treatment" – This provision refers to the provision, coordination, or management of health care and related services by health care providers or the health care facility. This includes but is not limited to the following examples:
  - i. Consultation between internal and external health care providers relating to the patient's health and treatment.
  - ii. Consultation between health care providers relating to the referral of a patient from one provider to another.
  
- b. "Payment" – This provision refers to any activity by health care provider or facility to obtain insurance payments, co-payments, deductibles or any other reimbursements due for services or products. This includes but is not limited to the following examples:
  - i. Determination of eligibility, authorization or coverage, adjudication or subrogation of health care benefit claims, billing, claims management and collection activities and utilization review activities.
  - ii. Evaluation of patient's accounts.
  
- c. "Health Care Operations" – This provision refers to the business planning, development, management and general administration of the covered entity. This includes but it is not limited to the following examples:
  - i. Arranging for compliance or legal review or auditing, conducting training programs, reviewing competency/qualifications of health care professionals, quality assurances, accreditation, licensing, certification, resolution of internal grievances, and recall activities.
  - ii. Use and disclosure of information necessary to the appropriate operation of the optometrist office or medial facility.

Signature: Signature of File

**Authorization for Release of Identifying Health Information**

**Irving Eyecare  
Bradley Kardatzke, O.D.  
708 North MacQrthur  
Irving, Texas 75061  
(972)254-0033**

5. I authorize the professional office of my optometrist named above to release health information identifying me (including if applicable, information about HIV infection or AIDS, information about substance abuse treatment, and information about mental health services) under the following terms and conditions:
- a. Detailed Description of the Information to be Released.
    - i. Medical Records
    - ii. Prescription Information (eyeglasses and contact lenses)
    - iii. Recall and Patient Management Letters
  - b. To Whom May the Information be Released.
    - i. Any entity that the patient requests release for by phone, fax, mail, in person.
    - ii. To the patient by phone, fax, mail, in person.
    - iii. As required by law.
  - c. The Purpose for the Release.
    - i. As determined by the patient.
    - ii. As needed for assistance of the patient.
    - iii. As needed for continuing operation of the optometrist's office and optical.
  - d. Expiration Date – All eyewear and contact lens prescriptions expire in one year.

It is completely your decision whether or not to sign this authorization form. We cannot refuse to treat you if you choose not to sign this authorization. You can also review your health information that we have before deciding whether to sign this authorization. Our Notice of Privacy Practice explains how to request access to your identifiable health information and how we may respond. Basically, you simply need to send a written request to the office contact person listed at the top of this form to initiate the process. If you sign this authorization, you can revoke it later. The exceptions to this revocation are if we have relied on the authorization and acted upon it. If you want to revoke your authorization, send a written letter telling us that your authorization is revoked. Send this letter to the office contact person listed above. When your health information is disclosed as provided in this authorization the recipient has no duty to protect its confidentiality. The recipient may re-disclose the information as he/she wishes. We will not receive a financial benefit from disclosing this health information about you.

I HAVE READ AND UNDERSTOOD THIS FORM. I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN THIS FORM.

Signature: Signature of File

## Authorization For Release of Identifying Health Information

### 6. Explanation of Authorization for Release of Identifying Health Information

The following explanation of the uses and disclosure of your personal medical information at Irving Eyecare is for illustration purposes only. It is not ment to be complete. For each use of disclosure an explanation and example will be utilized. We will not use or disclose your personal medical information for any purpose other than the uses and disclosures intended within this Notice of Privacy Practice without your specific written authorization. Any written authorization may be revoked by you at any time in writing unless we have relied upon the authorization.

- a. Detailed Description of the Information to be Released.
  - i. Medical Records – Sometimes patients request that medical records be released to their family’s medical doctor, specialist, or other provider.
  - ii. Prescription Information (eyeglasses and contact lenses) – Sometimes patients request that a prescription be mailed or faxed to them or someone that they have designated.
  - iii. Recall – Every year a recall card is sent to our patients, as a reminder, that it is time for a comprehensive visual and eye health examination and/or contact lens evaluation. Sometimes the office or the doctor must communicate through the mail (written form) with the patient.
  - iv. Patient Management Letter – Sometimes doctors need to send letters to patients for a variety of reasons including but not limited to disease diagnosis, disease management and disease treatment as well as referral for further evaluation of a condition.
- b. To Whom May the Information be Released
  - i. The patient may designate an entity to receive your medical information and prescription. This request may be by phone, fax, mail, or in person.

**Important: Other entities receiving your information are not bound by this Notice of Privacy. They can use your information for any purpose. Our duty is to confirm with you the designation and receipt.**
  - ii. Information is available to the patient. See disclosure and accounting.
  - iii. As required by law.
- c. The Purpose for the Release
  - i. As determined by the patient.
  - ii. As needed for assistance of the patient.
  - iii. As needed for continuing operations of the optometrist office and optical.
- d. Expiration Date – All eyewear and contact lens prescriptions expire in one year.

Signature: Signature on File

## **Notice of Privacy Practices**

### 7. Your Rights Concerning Your Personal Medical Information

The Health Insurance Portability and Accountability Act provides for certain rights concerning your personal medical information. The basic principle of the rule establishes that medical information is confidential. The following section illustrates those rights within the Notice of Privacy Practices.

- A patient must be given notice of when and how their personal medical information will be used and disclosed and to whom it may be disclosed.
- A patient has access to their health information.
- A patient has the ability to control their personal health information through restrictions on non-treatment, payment and health care operation communication activities.
- A patient has the ability to amend their personal health information or to place additional information into their medical files.
- A patient has assurances of a protective framework for their personal medical information by the optometrist and the staff at Irving Eyecare.
- A patient has a may make reasonable requests for confidential communications accommodated.
- A patient's right to file a complaint with the privacy officer or the OCR.
- A patient may receive notice of information practices from providers and health plans.
- A patient may inspect and copy protected personal medical information. A patient may have an accounting of their disclosures.

**INCLUDED IS ONE COPY AND ACCOUNTING OF PERSONAL MEDICAL INFORMATION PER YEAR. ADDITIONAL COPIES OR ACCOUNTINGS MAY BE PURCHASED FOR \$5.00 PER PAGE.**

## Notice of Privacy Practices

### 8. Covered Entity's Duties

The Health Insurance Portability and Accountability Act provides that covered entities make an effort to create an environment that will protect the personal medical information of their patients. Examples of these duties are included in the following section of the Notice of Privacy Practices the following:

- The privacy standard require covered entities to make reasonable efforts to limit the use of, disclosure of, and request for personal health information to the minimum amount of information necessary to accomplish the task.
- A covered entity must identify persons or classes of persons in its workforce who need access to personal health information to carry out their duties, define the category or categories of the information that those individuals need and establish workable procedures to restrict personal health information use accordingly.
- A covered entity must make routine, recurring disclosures of or requests for personal medical information may implement protocol designed to ensure compliance with the minimum necessary standard without making case-by-case determinations, but non-routine disclosures will always require individual review.

### Questions and Complaints

If you have any questions, comments or complaints concerning the privacy of your personal medical information, please do not hesitate to contact the privacy officer as follows:

Bradley Kardatzke, O.D.  
708 North MacArthur  
Irving, Texas 75061  
(972)254-0033

If you feel that your complaint has not been resolved, in addition, a written complaint may be filed with the United States Department of Health and Human Services in Washington, D.C. We will provide the patient with all available information necessary for this process.

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**Irving Eyecare  
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**Consent and Acknowledgement Form  
Health Information and Patient Information Package**

The following items are insurance and governmentally mandated forms, as well as, industry and practice guidelines that directly affect you as a patient and a consumer. These items are important PLEASE READ THEM THOROUGHLY. By signing below, you provide consent to all forms, as illustrated below and acknowledge receipt of the patient information package. You may revoke any or all of this consent at any time, except the treatment, payment, and operations provisions and unless we have relied upon your consent, but it must be in writing. If you have any questions please do not hesitate to ask the doctor or the staff.

1. Health Insurance Portability and Accountability Act
  - a. Consent to Use or Disclose Health Information for Treatment, Payment and Operations. "signature on file"
  - b. Authorization for Release of Identifying Health Information. "signature of file"
2. Services for Bradley Kardatzke, O.D. and Associates. "signature on file"
3. Insurance Forms. "signature on file"
4. Medical Device Recommendations. "signature on file"
5. Dilation Recommendations and Consent Form. "signature on file"
6. Patient Record of Disclosure Form. "signature on file"
7. Medicare Advance Beneficiary Notice (ABN), Medicaid, Medicaid Vision Eyeglass Patient Certification Form and /or any private insurance financial notice forms. "signature on file"
8. Assignment of Insurance Benefits: (1) group and individual assignment of benefits (2) Medicare, claim authorization and payment request.
9. Standards for Medical Devices Form. "signature on file"

Name: \_\_\_\_\_ ss# or Ins. ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(patient, parent, guardian)



Patient Record of Disclosures

At Irving Eyecare we are committed to working with you to keep your medical information confidential. However, there are times when we must contact you regarding your treatment, payment and operations of the practice. In general, the HIPPA act allows a patient to determine their preferences for written and oral communications with our office. If you have questions please do not hesitate to notify the staff. Please see your copy or the copy posted in the office of the Notice of Privacy Practice for our practice. Below are the following examples.

Irving Eyecare will contact you in the following manner for purposes of treatment, payment , and operations.

X  home telephone \_\_\_\_\_  X  written communication

X  office telephone \_\_\_\_\_

In general, the HIPPA Act provides for the accounting of the disclosure for your medical information. Please see your copy or the copy posted in the office of the Notice of Privacy Practice for our practice. Below will listed be the entities that have received your information.

| Date  | Disclosure | Purpose | Initials | How   |
|-------|------------|---------|----------|-------|
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |
| _____ | _____      | _____   | _____    | _____ |

Signature: Signature on File

## **Medical Device Recommendation Form**

### **1. Ophthalmic Eyewear**

There are three types of eyewear available at Irving Eyecare. Each has a specific use. If used inappropriately, each ophthalmic frame can cause injury to the eyes resulting in vision loss and even blindness.

- a. Dress eyewear – Eyewear designated as dress eyewear are utilized for every day wear. These ophthalmic frames are for fashion purposes only and provide little or no protection. Inappropriate use would include but limited to any sports related activities or work related activities.
- b. Sports Eyewear – Eyewear designated as sports eyewear are utilized for sports activities. These ophthalmic frames are for sports related purposes only and provide protection according to manufacturers specifications. Inappropriate use would include but not limited to dress eyewear purposes and work related activities..
- c. Safety Eyewear – Eyewear designated as safety eyewear are utilized for work related activities. These ophthalmic frames are for work related purposes only and provide protection according to manufacturers specifications. Inappropriate use would include but limited to dress eyewear purposes and sports related activities.

### **2. Ophthalmic Lenses**

There are three types of ophthalmic lenses available at Irving Eyecare. Each has a specific use. If used inappropriately, each ophthalmic lens can cause injury to the eyes resulting in vision loss and even blindness.

**Polycarbonate lenses are recommended for all patients.**

- a. Polycarbonate – Ophthalmic lenses made of this material are resistant to impact. the polycarbonate lens is a safer lens but it is not impact proof. Under inappropriate use or unusual conditions, the lens will break.
- b. Plastic – Ophthalmic lenses made of this material are not resistant to impact. Under inappropriate use or unusual conditions, the lens will break.
- c. High-Index – Ophthalmic lenses made of this material are not resistant to impact. Under inappropriate use or unusual conditions, the lens will break.
- d. Glass – Due to safety aspects of glass, it is not available at Irving Eyecare.

Signature: Signature on File

## Dilation Recommendation and Consent Form

Comprehensive vision and eye health examination are composed of two parts. The vision part of the examination is designed to provide the optimum level of vision available to the patient. The eye health part, or the dilation, is designed to evaluate the health of the internal components of the eyes. It is the only way to truly evaluate the internal component of the eyes. At Irving Eyecare as part of our continuing effort to provide the best quality eye care available.

- Dilation is recommended for all patients.
- Dilation is included in the comprehensive visual and eye health examination at:  
**NO ADDITIONAL COST.**
- Dilation causes a mild blur at near for several hours and it is recommended that you have someone drive you home. Disposable sunglasses will be provided to assist with the glare.
- The following section lists some of the conditions that may be found during the dilation. It is not intended to be complete but serves only as a guide.

|                      |                          |
|----------------------|--------------------------|
| Retinal Holes        | Liver Disease            |
| Retinal Tears        | Kidney Disease           |
| Retinal Detachments  | Genetic Diseases         |
| Tumors               | Central Nervous Disease  |
| Aneurysms            | Circulatory Disease      |
| Hemorrhages          | Diabetic Retinopathy     |
| Macular Degeneration | Hypertensive Retinopathy |
| Glaucoma             | Cholesterol              |
| Optic Nerve Disease  | Medication Side Effects  |

### Standards for Medical Devices

The following standards are utilized for all medical devices:

1. Safety Eyewear – ANSI Z87.1-89
2. Contact Lenses – ANSI Z80.2-89
3. Dress Ophthalmic Frames – ANSI Z80.5-79
4. Ophthalmic Prescription Lenses – ANSI Z80.1-97

Signature: Signature on File

## **Assignment of Insurance Benefits**

### Group and Individual Insurance, Assignment of Benefits

I authorize my health insurance (e.g. medical and vision insurance) benefit plan to pay directly to this clinic the medical and vision benefits if any; otherwise payable to me for the services and medical devices as described on attached claim but not to exceed the charges for those services. I understand I am financially responsible to the clinic for charges not covered by this agreement.

Signature: Signature on File

### Medicare, Claim Authorization and Payment Request

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

Signature: Signature on File



