

# HIPAA

HERE AT VISION SOURCE MAGNOLIA, WE ARE COMMITTED TO PROVIDING YOU WITH THE BEST POSSIBLE EYE HEALTH CARE.

## RELEASE OF INFORMATION:

We respect our legal obligation to keep health information that identifies you private. VISION SOURCE MAGNOLIA maintains a Patient's Right to Privacy Policy that is displayed in our reception area. You may also request a copy for your records. The Policy describes how we protect your health information and what right you have regarding it. Your Signature below demonstrates that you understand and agree that/ regardless of insurance status, you are ultimately responsible for any balance of your account for services rendered; you authorized payment of medical claims to the provider; you are responsible for all charges not paid by insurance; you authorize the use of this signature on all insurance submissions.

I Hereby consent to a health examination, related diagnostic procedures and treatments provided by VISION SOURCE MAGNOLIA. I hereby authorize my insurance company(s) to remit directly to VISION SOURCE MAGNOLIA all payment of benefits otherwise payable to me under the provision of my policy(s). I request that payment of authorized Medicare benefits be made either to me or on my behalf to VISION SOURCE MAGNOLIA for any services provided to me. I hereby authorize the release of this information needed to determine benefits payable for related services. I also authorize the use of any photographs or date collections taken to document my ocular condition for routine care or use in research and professional publication. Photo static copies of this authorization will be considered valid as the original.

We value the opportunity to communicate with our patients via email regarding appointment reminders, available in services, special offers, and the latest advances in the care of your vision. Be assured VISION SOURCE MAGNOLIA will not share your information with outside sources.

       I do not wish to receive VISION SOURCE MAGNOLIA patient marketing or reminders via email.  
(Please place an X for verification)

If my insurance company requires referrals, vouchers, or authorization, I will present these to the receptionist immediately. Failure to do so will made me responsible for full payment once services are rendered.

REFRACTION FOR EYE GLASSES IS NOT A COVERED MEDICARE SERVICE.

According to Medicare regulation, non-covered services may be billed to the patient if the services are considered to be Medicare program exclusions. Determination of a refractive state, (HCPCS code 92015) is program exclusion under Medicare; therefore, patients will be responsible to pay for that portion of the exam if refraction is done for new glasses.

IN ACCORDANCE WITH THE PROVISIONS OF THE HIPAA, I THE UNDERSIGNED, GRANT PERMISSION TO VISION SOURCE TO DISCLOSE PROTECTED HEALTH INFORMATION (AS DEFINED IN HIPAA) TO THE FOLLOWING PERSON OR PERSONS FOR: ( ) SPECTACLE RX  
( ) CONTACT LENSE RX ( ) EYEWEAR

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Patient/Guardian Signature

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Date