



## **HIPAA: Patient Authorization to Disclose Health Care Information**

I authorize Conway and Coos Eye Care and its employees and agents to disclose my health care information to health care practitioners and health care facilities who are involved in providing my health care, and with specific family or close friends whom I have indicated in writing. I also authorize Conway and Coos Eye Care to disclose my health care information to my health insurance carrier, utilization review organization, or benefit manager to support payment for my health care.

I understand that Conway and Coos Eye Care will disclose only the minimal amount of my health care information that is necessary, in the judgment of Conway and Coos Eye Care, for the legitimate needs of the recipient for my general well being.

My health care information that is the subject of this authorization to disclose includes information written or not, about the preventative, diagnostic, or treatment services provided to me and that may be used to identify me. Depending upon the services I request from Conway and Coos Eye Care, this information may include information about treatment for HIV/AIDS, sexually transmitted diseases, mental health or psychiatric conditions or substance abuse.

This authorization to disclose will remain in effect for all subsequent disclosures of health care information for the limited purposes outlined above for 30 months from this authorization unless I revoke it in the manner described below.

I understand that I may refuse to disclose some or all health care information, and that I may revoke this authorization at any time by providing Conway and Coos Eye Care with a written, signed, and dated request. However, I understand that my refusal to disclose some or all health care information or my refusal to provide this authorization may result in improper diagnosis or treatment, denial of coverage of a claim for health benefits, or other adverse consequences.

Conway and Coos Eye Care employees and agents regard the safeguarding of your confidential health care information as an important duty. The elements of this authorization to disclose are required by state law for your protection and to ensure your informed consent to the disclosure of healthcare information necessary to support your relationship with Conway and Coos Eye Care.

Should you wish to have a copy of this authorization or should you have any questions about it or about Conway and Coos Eye Care's policies for safeguarding your health care information, please ask anyone in our office and we would be happy to help.

### **Pupil Dilation**

When we dilate your pupils, we can get a much wider view inside the eye than when looking through a small undilated pupil. Dilation is the best way to check for cataracts, macular degeneration, optic nerve problems including glaucoma, and the only way to find peripheral retinal tears, detachments and tumors. In certain cases, especially far-sighted children, dilation helps refine the final glasses prescription.

1. Dilation requires an additional 20-30 minutes in the office.
2. Side effects can last several hours and include:
  - Light sensitivity (we can give you disposable sunglasses).
  - Blurry vision, especially for reading and computer, but some patients may also have some distance blur.
3. Most people feel comfortable driving themselves home after being dilated, but some do not. If you are unsure how dilation will affect you, we recommend having a driver when being dilated.

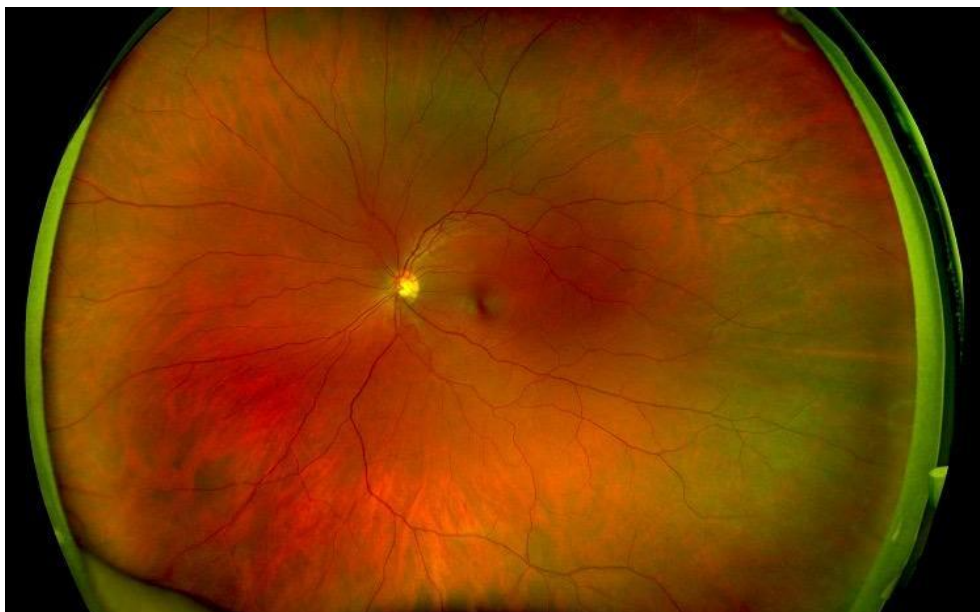
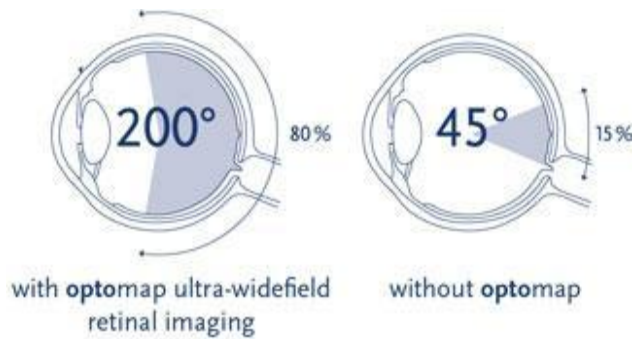
During a comprehensive eye exam our doctors monitor for retinal complications including macular degeneration, glaucoma, retinal holes or detachments.

This screening procedure can also detect problems unrelated to the eye that may produce early warning signs in the eye such as hypertension, cancer, and auto-immune disorders, tumors, and others.

### The optomap® Retinal Exam:

- ✓ Is as fast as taking a picture
- ✓ **DOES NOT REQUIRE DILATING DROPS**
- ✓ Will be saved in your file enabling your optometrist to make important comparisons during your annual eye exam

**The fee for this procedure is \$40.**





During a comprehensive eye exam, our doctors evaluate the internal surface of the eye to assess for diseases such as macular degeneration, glaucoma, and retinal holes or detachments.

Optical Coherence Tomography, or OCT, is advanced eye scan technology that uses light waves to see *beneath the surface of the eye*. An OCT Wellness screening can highlight any early warning signs for many asymptomatic eye diseases or serious eye conditions that may not be visible *on the surface of the eye* during your exam.

This screening procedure is especially valuable for patients who carry a higher risk of eye disease. You may be at higher risk of eye disease if:

- ❖ You are age 60 or older
- ❖ You have a family history of macular degeneration and/or glaucoma
- ❖ You have ever been a smoker or have ever lived with a smoker
- ❖ You have or have had diabetes
- ❖ You have or have had high blood pressure

### The OCT Wellness Exam:

- ✓ Is as fast as taking a picture
- ✓ Is painless
- ✓ Will be saved in your file enabling your optometrist to make important comparisons during your annual eye exam

**Insurance will not pay for this service, as it is elective and optional.**  
**The fee for this procedure is \$50.**

