

NOTICE OF PATIENT PRIVACY RIGHTS, PROTECTION,
AND RESPONSIBILITIES

CONSENT FOR TREATMENT

I hereby authorize Monocle Eye Care & Eyewear Gallery to administer diagnostic and medical procedures as may be necessary for proper health care.

OFFICE POLICY ON PAYMENT

I understand that I am solely responsible for payment at the time of service. As a courtesy, my insurance will be billed for me. If my insurance determines that a medical service and/or material are not covered, I acknowledge that I will assume full responsibility for the service(s) and/or material. Co-payments cannot be waived at any time by Monocle Eye Care & Eyewear Gallery. If my insurance determines that I have not met my deductible, I understand that I will be fully responsible for payment in a timely manner, no more than 30 days after I have been notified by insurance and/or provider. Yearly deductibles cannot be waived at any time by Monocle Eye Care & Eyewear Gallery.

MATERIALS/CUSTOM ORDERS

I understand that I am required to make payment in full for materials at the time materials are ordered. If I am supplying my own frame, I understand that many plastic and metal products may weaken over time and I will not hold Monocle Eye Care & Eyewear Gallery or my insurance carrier responsible for accidental laboratory breakage. If I do not pick up my materials within 60 days from my initial order, my materials will be returned to the laboratory, and a 50% service charge will not be refunded.

Our Patient Satisfaction Guarantee applies to single vision and progressive lenses. We use only premium single vision optics and premium progressive addition lenses, otherwise known as no line bifocals. Less than one percent of our patients have difficulty adapting to our premium progressive lenses. We will remake a non-adapt progressive lens or single vision lenses one time, in the same frame. If it is still unsatisfactory, we will replace it with a lined bifocal or a single vision lens, in the same frame. While we make every attempt to solve these rare issues, no refunds will be given in a case where a patient does not adapt to a progressive lens or single vision lens.

HIPAA

I understand that under the Health Insurance Probability ACT of 1996 (HIPAA), which will be provided upon request, that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly, obtain payment from third party payers, and conduct normal healthcare operation such as quality assessments and physician certifications.

AGREEMENT

Patient Name (PRINT)

Guarantor/Patient (SIGNATURE)

Date

Witness