

# Muirfield Eye Care

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## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Due to the new HIPAA regulations, we must notify you how medical information about you may be used and disclosed. We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give notice of our privacy practice. The most common reasons why we use or disclose your health information are: setting up an appointment; treating or examining your eyes; prescribing glasses, contact lenses or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or getting copies of your health information from another professional that you may have seen before us; asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney); financial or billing audits: internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and otherwise storage of records.

We have contracts with some of the plans under the following companies as well as with various other insurances: Aetna, Medicare, Spectera, Anthem BlueCross BlueShield, Eyemed, Vision Service Plan, Cigna and Humana. It is your responsibility to call the number listed on your insurance card and verify that our physicians are providers under your specific plan. If you do not have insurance, you are responsible to pay all charges at the time of service. Should you have an HMO, PPO, or other type of managed care insurance, you are responsible for obtaining a referral from your primary care physician, for each visit as required by your plan. Whether we participate with your insurance company(s) or not, you are responsible for all deductibles and coinsurance amounts. Co-pays (usually indicated on your insurance card) must be paid at the time of service, as dictated by your insurance company. We accept cash, check, Visa, MasterCard, Discover and American Express.

Insurance Release: I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Muirfield Eye Care Center, Inc. all medical and vision benefits, if any, otherwise payable for services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions. A photocopy of current insurance card(s) shall be considered as effective and valid as the original.

### HIPAA email consent

Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA

The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>

The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.

### ALLOW UNENCRYPTED EMAIL

I understand the risks of unencrypted email and do hereby give permission to Muirfield Eye Care Center to send me personal health information and receipts via unencrypted email. We can only correspond via the email address provided below.

### DO NOT ALLOW UNENCRYPTED EMAIL

I do not wish to receive personal health information or receipts via email.

I have read and agree to the financial policy and the HIPAA Regulations stated above that applies to me.

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient, Parent, Guardian, or Representative

\_\_\_\_\_  
Print Name

The above party may disclose this health information to the following recipients:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

A copy of these privacy policies are available to you. Please let our staff know if you would like a copy.