

Meade Optical Office Policies

Mission Statement

We at Meade Optical will continuously strive to provide an exemplary eye care experience for our North Country families and friends by maintaining up-to-date knowledge on current eyecare treatments, advanced diagnostic and spectacle/contact lens technologies, and ophthalmic fashions.

Patient Conduct

As per our mission statement above, we are dedicated to ensuring your eyecare needs are met in a quality setting. In return we request that you abide by the following rules of conduct.

- Arrive on time for your appointment. If you arrive more than 15 minutes late, the Meade Optical staff reserves the right to reschedule your appointment for another day.
- Attend all scheduled appointments. If more than three (3) appointments are missed within a 12-month period you may be subject to dismissal.
- Maintain a respectful relationship with the doctors and staff. This expectation extends to your family members and includes both words and actions.
- Follow the doctor's recommendations for quality care.
- Adhere to any agreement regarding any medications or materials prescribed.

Failure to comply with the above expectations is grounds for dismissal from the practice. If there are occasions when you must cancel or reschedule an appointment, please make every attempt to contact us at least 24 hours in advance so another patient may be seen during that appointment time.

HIPAA Privacy Practices

Please review and sign the attached HIPAA privacy notice at the end of this booklet. This notice outlines your rights as a patient to secure your health information and our commitment to protecting your privacy.

Patient's Own Frame (POF) Policy

We are committed to providing you with the best possible service for your eye health and eyewear. We understand that due to financial and/or sentimental value you may prefer to re-use your own frame rather than purchase a new one. If you decide to re-use your current frame, please understand that older frames are usually quite brittle and unpredictable while adjusting or being fitted with updated lenses. While we are happy to help accommodate your choice in eyewear, we cannot be held liable for any damage that may occur to frames outside their Meade Optical (1 year on all materials) or Insurance warranty period (variable depending on insurance). Thank you for your understanding, and rest assured that we will handle your frames with the utmost care.

Optical Orders

Following the Covid-19 national crisis in 2020 many of our laboratories adopted new policies regarding orders and payment. As a result of these changes, we now require full payment prior to making any orders for spectacles or lenses. We're sorry for any inconvenience this causes, however we're confident that you will be completely satisfied with your new glasses!

Dilation Policy

The health of your eyes is our number one priority. In order to most thoroughly examine your retina (the interior of your eye) for potentially serious conditions such as retinal tears, breaks, and detachments, we strongly recommend a dilated eye exam at least once per year. We understand that this may be inconvenient for many patients as dilation may temporarily impair near reading vision, cause excessive glare and/or discomfort due to abnormally high light sensitivity. We routinely supplement our examinations with ultra-widefield photographs known as Optomaps, however this technology is not a replacement for a dilated exam as it may miss key elements necessary for an accurate diagnosis. Barring any subjective symptoms indicative of retinal damage (ex: sudden increase in floaters, flashes of light, or visual field loss) we prefer to leave the decision for routine dilations to our patients. Please consider each of the following options and select your preference with the understanding that the final decision on dilation will be made by Dr. Knox based on your examination findings and history.

If possible, I prefer NOT to be dilated during my appointment

I do not mind being dilated during my appointment

Standard Soft Contact Lenses

Based on your unique prescription and ocular physiology contact lenses may be a wonderful option for correcting your vision! You will have the opportunity to consult with Dr. Knox during your examination if you would like to consider contact lenses in addition to your prescribed glasses correction. Please be aware, contact lens fittings are a **distinctly different service** than a normal eye exam and are subject to different rules/fees based on your insurance provider. Our contact lens **service fees** are outlined below:

Spherical lenses (No Astigmatism correction required): \$50.00

Toric lenses (Made to correct Astigmatism): \$60.00

Multifocal/Monovision (bifocal): \$80.00

Service fees include an initial evaluation with Dr. Knox, trial contact lenses, Insertion and Removal (I&R) training, and any follow up appointments that may be necessary prior to the authorization of your prescription. All changes must be approved by Dr. Knox and may be subject to additional fitting charges.

Contact lens prescriptions expire **one year** after their authorization date and must be updated before any supply orders can be made after the expiration date. Depending on your authorized lens prescription, lens supplies may be ordered in 3, 6, or 12 month increments. Orders placed through our office over the phone or in-person will be shipped directly to your home free of charge or may be picked up at our office. All contact lens supply charges must be paid in full prior to the placement of the order. **Most insurance plans do not cover contact lens related expenses. The fees listed above are separate from any examination fees and co-pay amounts set by your insurance provider and are non-refundable. However, if your specific plan does cover contact fees and/or materials these fees will be adjusted and billed according to your benefits.*

Third Party Billing and Eyecare Insurance

Optometrists are unique among healthcare providers due to the fact there are two distinctly different code sets that may be used to submit an examination claim to your insurance provider(s). Billing codes for routine eyecare may often be submitted to vision insurance providers (ex: Davis Vision, Vision Service Plan, Eyemed, March Vision, etc.), while medical evaluation codes may be submitted to medical insurance providers (ex: Blue Cross Blue Shield, UMR, Medicare, etc.) For this reason it is **absolutely necessary that you provide ALL insurance information prior to your examination** These tests and codes are selected as they pertain to your Reason for Visit as **determined by Dr. Knox** based on your medical history, current complaints, and examination findings. Dr. Knox reserves the right to code your examination and select ancillary tests based on his medical judgement and what he feels is best for your long-term eye health. Our insurance billing is overseen by an AAPC certified medical coder as well as a third party medical/optical billing company. These codes, once submitted upon completion of your exam, are **not subject to dispute or alteration** as they correspond to the medical findings documented in your record. If you have any questions regarding your insurance coverage or benefits, we urge you to contact your provider directly at the phone number on the back of your identification card.

Signature

I hereby certify that I have received, read, understood, and will abide by the Meade Optical company policies outlined within this booklet. If I have any questions regarding these policies, I will consult a staff member prior to my appointment for clarification.

X

Notice of Privacy Practices

Prepared By:



Prepared For:

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Notice of Privacy Practices

Effective 2020

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.



- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.



Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Patient Name: _____

Patient Signature: _____

Date: _____

