

HIPAA Privacy Release Authorization

Per Oklahoma Stat Title 63, Section 1-502 all information that identify any communicable or venereal disease is confidential. Due to Oklahoma State Title 63, section 1-502, Jones Eyecare Associates must receive written authorization from its patients prior to third-party individuals being present during time of examination.

If you want to authorize anyone other than yourself to be present during your examination, or allow Anyone other than yourself to pick up your prescription or contacts please complete the section below.

Protected Health Information Release Authorization

I understand that by granting this authorization the information that is discussed may include information, which may be considered a communicable, or venereal diseases, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the immunodeficiency virus.

I, _____, do/do not authorize the following
(Patient's Name)
persons to have access to my protected health information:

Name

Relationship to patient

- 1.
- 2.
- 3.

In addition to a basic eye examination, it is strongly recommended that **All** patients undergo pupillary dilation in order to assure a thorough evaluation of ocular health. Without dilation of the pupil, all of the internal structures of the eye cannot be viewed. Anyone with symptoms of floaters, flashing lights, diabetes, hypertension, or history of eye disease are especially urged to undergo this supplemental examination. The effects of dilation include light sensitivity and blurred vision which can last up to 8 hours. Adverse reactions such as acute angle closure may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention. **THE FEE FOR DILATION IS \$25.00**

**I understand the importance of pupillary dilation and
(Please Circle One) Do / Do Not
Authorize Jones Eyecare to administer dilating eye drops.**

This office offers retinal photography. Although this technology is not a substitute for a dilated eye exam, it is an excellent tool to evaluate internal eye health **WITHOUT** dilation. A baseline photo is highly recommended for all patients and ongoing photo documentation is recommended for anyone at risk of progressive eye diseases such as glaucoma, diabetic or hypertensive retinopathy or macular degeneration. **THE FEE FOR PHOTO / OCT IS \$23.00**

I (Please circle one) **DO / DO NOT** want to have this procedure today.

I consent to the use of my protected health information to carry out treatment, payment activities and healthcare operations. I have read and consent to the above information and acknowledge receipt of Privacy Policies and practices of Jones Eyecare Associates.

Signature: _____ Date: _____

Santa Fe Office Only

Welcome To Jones Eyecare Associates

Date: _____

Gender: M / F

Patient Name: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ DOB: _____ Please list any Vision Insurance: _____

Date of Last Exam: _____ Do you wear glasses? _____ Contacts: (if so, type) _____

Do you have trouble seeing: Up close: _____ Distance: _____ Occupation: _____

Any other problems with your eyes? _____

Have you had any injury, illness, or diseases that have affected your eyes? _____

General Health

Diabetes: y___ n___ Allergies/Sinus: y___ n___ Heart Problems: y___ n___ High Blood Pressure: y___ n___

Lung Problems: y___ n___ Headaches: y___ n___ Pregnant: y___ n___ Other Conditions: _____

Please list all current medications: _____ Drug Allergies: _____

Family History

Glaucoma: ___ Crossed Eyed: ___ Diabetes: ___ Blindness: ___ Other: _____

For Office Use Only

Reason for visit GLX/CLX/Other: _____ NP/FP Doctor: _____

CL Brand: OD _____ BC _____ 20/ _____

OS _____ BC _____ 20/ _____

Habitual Rx: OD _____ 20/ _____

OS _____ 20/ _____ Add _____

Objective Rx: OD _____

OS _____

NCT OD _____ OS _____

KER OD _____ / _____ OS _____ / _____

Unaided Acuties: OD 20/ _____

OS 20/ _____

Final Rx OD _____ OS _____ ADD _____