

# HIPAA Privacy Release Authorization

Per Oklahoma State 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 or examination. If you want to authorizes 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)  
person to have access to my protected health information:

<u>Name</u>	<u>Relationship to patient</u>
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 RETINAL PHOTOGRAPHY IS \$19.00**

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 \_\_\_\_\_

MWC 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/Oth er: \_\_\_\_\_ 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 \_\_\_\_\_