



YAKIMA EYE
— SPECIALISTS —

HIPAA Notice of Privacy Practices

We are required by law to maintain the privacy of, and provide individuals with, the notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the "HIPAA Notice of Privacy Practices", please ask to speak with our HIPAA Compliance Officer in person or by phone at 509-453-2010.

Please indicate the personal contacts (family and/or friends: not healthcare providers) with whom your personal health information may be shared:

_____	_____
_____	_____
_____	_____

"I acknowledge that I understand the HIPAA Notice of Privacy Practices."

Patient Name: _____

Signature: _____ Date: _____

REFRACTION NOTICE

PLEASE NOTE: At some time during your examination a refraction may be performed. Refraction is the process used to determine your glasses prescription.

If a refraction is done, you will be given your prescription (which is good for two years) even if you are happy with your current prescription. You will be charged for this service.

Some insurance companies do not pay for the refraction, including Medicare.

I understand that my insurance may not pay for a refraction. As a result, I accept the responsibility to pay the \$60.00 refraction fee. If I pay for the refraction at the time of service and DO NOT have Yakima Eye Specialists, PLLC bill my insurance, I will receive a 25% discount and pay \$45.00 for my refraction.

By signing below, you acknowledge that you are aware of the discount offered.

Signature: _____ Date: _____