



WOLFEBORO EYE ASSOCIATES

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HIPAA & Eyeglass Rule

I understand that Wolfeboro Eye Associates will disclose only the minimal amount of my healthcare information that is necessary, in the judgement of WEA, for the legitimate needs of the recipient or for my own well being. This includes health care information, written or not, about the preventative, diagnostic, or treatment services provided to me and/or that may be used to identify me. This authorization to disclose will remain in effect for all subsequent disclosures of health care information for the limited purposes outlined above for 30 months from this authorization unless I revoke it. I understand that I may refuse to disclose some or all healthcare information and that I may revoke this authorization at anytime by providing WEA with a written, signed, and dated request. However, I understand that my refusal to disclose some or all healthcare information may result in incorrect diagnosis and/or treatment, denial of a claim for health benefits or other insurance, or other adverse consequences.

Wolfeboro Eye Associates and their employees and agents regard the safe guarding of your confidential healthcare information as an important duty. The elements of this authorization are required by state and federal law for your protection and to ensure your informed consent to the disclosure of healthcare information necessary to support your relationship with WEA.

please ask the office staff or your Doctor if you have any questions about our policies. Thank you.

By accepting these terms, I authorize Wolfeboro Eye Associates to submit claims to my health insurance carrier and release any medical information necessary to process all claims. I authorize payment of medical benefits to the named provider- Wolfeboro Eye Associates, inc.- for professional services rendered.

EYEGLOSS RULE

As of September 2024, the Federal Trade Commission requires that optometrists provide patients with eyeglass/contact lens prescriptions when refractions/contact lens evaluations/ fittings are performed and that patients acknowledge receipt of their eyeglass and contact lens prescriptions. Providers are required to keep a signed acknowledgement on file. You will receive a copy of your eyeglass and contact lens prescription after exams including refractions or contact lens evaluations/ fittings.

In addition, you may access your eyeglass and contact lens prescriptions and your full medical record via your patient portal at any time.

For more information about the Ophthalmic Practice Rules (Eyeglass Rule) you may visit the FTC website at: <https://www.ecfr.gov/on/2024-09-24/title-16/chapter-I/subchapter-D/part-456>

Patient's name

Date