

LOMA LINDA OPTOMETRY

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CONGRATULATIONS AND WELCOME TO OUR PRACTICE!

We would like to take this opportunity to explain a few of our policies and procedures to you.

Appointments

Please be on time to your appointments and arrive a few minutes early. This time is reserved for you. If you arrive **more than 10 minutes** late to your appointment, please expect the possibility that the office may have to reschedule your appointment so as not to inconvenience other patients.

Please confirm your appointment. You will receive a confirmation notification three days prior to your appointment. It is important that you confirm this appointment **by completing the appointment forms sent to you** via text or email so that your appointment date and time is held for you. If you do not speak directly with a receptionist, please leave a text message or a voicemail. It will be picked up the next business day.

Please provide a 24-hour notice for rescheduling or cancelling appointments. If a 24-hour notice is not given for rescheduling or cancelling appointments, it will be counted as a failed appointment. Failed appointments are a problem for everyone. A failed appointment delays your treatment and prevents another patient who may need care to come in your place. To eliminate potential back-ups, we will be rescheduling failed appointments *as our schedule permits*, which will mean a possible wait of a few weeks. Please note that failed appointments will result in additional charge of \$25.00 to your account.

Accounting

Our office offers the following financial arrangements: cash, check, credit cards.

Full balance is due at the time of visit. Any check or bank draft returned to the office as unpaid will result in a *\$25.00 return item fee*. As a courtesy to our insurance patients, we will bill your insurance, however the balance due is your responsibility.

Any insurance balances not paid on your behalf by your insurance within 45 days from the date of service will be your responsibility. Please be certain the insurance information you gave us is accurate. We cannot be responsible for any incorrect insurance information presented to our office. Any insurance information presented after care has been rendered will be your responsibility to request reimbursement directly from your insurance carrier.

Due to the various number of insurance plans available we cannot guarantee what an insurance company will reimburse. Our calculations are based on the information provided by your insurance company. If there are any discrepancies in the coverage amount paid by the insurance company on your behalf, we will either bill you the difference or credit your account for any overpayment.

Refunds

We do not process refunds on eyewear or contact lens orders once a transaction is completed. Changes can be made if the order is not yet completed. Any upgrades requested after the order is processed will be charged at full price. Any upgrades removed will be credited to the account if changes are still able to be made. Please be aware that lab work is processed within same day of your visit. The contact lens fitting process is divided into two parts - professional fees based on the complexity of the fit and material fees. There are no refunds for any professional fees incurred during the trial contact lens fitting.

Product Guarantees

Our office strives to give the best eye care products to our patients. If you are not fully satisfied with your eyewear, please call us so that we can do whatever is necessary to correct the problem. Please keep in mind the following policies:

1. We stand behind our prescription. Our doctor is available to recheck your prescription needs if you have any difficulties with glasses purchased at our office (at no charge). We want you to love your eyewear!
2. We offer a 14-day exchange privilege on your frame. After getting your new eyewear, if you decide you don't like the frame, you can exchange it for any frame of equal or lesser value at no additional charge. Any frame of greater value will be charged at a difference in cost between the two. If new lenses are required, a small lab re-grinding fee will be charged. The re-grinding fee varies with the type of lens used, so please check with the optician.
3. All frames carry a one-year guaranteed against defective workmanship, at no additional charge. If your eyewear breaks, due to manufacturer's defect, just return the broken parts and your eyewear will be repaired or replaced for free.
4. We routinely fit our patients with progressive "no-line" bifocals. In the unlikely event you are unable to adapt to the progressive, we will gladly refit you into the lens of your choice at no additional charge.
5. All plastic lenses with Anti reflective coatings or scratch resistant coatings are warranted for up to 1 year if they do scratch, they will be replaced at no additional charge.
6. *Please be advised that all redoes and all warranties can only be honored with the same frame/lens options as the original order.*

Notice of Privacy Rights

While providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office. ***The Notice of Privacy Practices*** you have been given describes these uses and disclosures in detail.

*We have please that you have chosen our office
for your eye care. We look forward
to helping you maintain your eyes for life.*

I acknowledge that I have received the notice of privacy practices from Loma Linda optometry.

Signature

Date

If you are signing as the personal representative of the patient, please print your name, describe your relationship to the patient, and acknowledge that you have received the notice of privacy practices from Loma Linda Optometry by signing below:

Print Name

Relationship to Patient

Signature

Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed, and how you can obtain access to this information. Please review the following information carefully.

General rule

We respect our legal obligation to keep health information that identifies you private. We are obligated to give you notice of our privacy practices.

Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment, or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

Uses or Disclosures of Health Information

Examples of how we use information for **treatment** purposes:

- When we set up an appointment for you.
- When our technician or doctor test your eyes.
- When the doctor prescribes glasses or contact lenses
- When the doctor prescribes medication.
- When our staff help you select and order glasses or contact lenses.
- When we show you low vision aids.

Examples of how we may disclose your health information outside of the office for **treatment** purposes:

- If we refer you to another doctor or clinic for your eye care or low vision aids or services.
- If we send a prescription for glasses or contacts to another professional to be filled.
- When we provide a prescription for medication to pharmacist.
- When we phone to let you know when your glasses or contact lenses are ready to be picked up.
- When we may need to ask for copies of your health information from another professional that you may have seen before.

Examples of how we may use your information within our office or disclose your health information outside of our office for **payment** purposes:

- When our staff asks you about health or vision care plans that you may belong to, or about other sources of payment for your services
- When we prepare bills to send to you or your health or vision care plan.
- When bills or claims for payment are mailed, faxed, or sent by computer to you or your health or vision plan.
- When we must ask a collection agency or attorney to help us with unpaid amounts due.

We use and disclose your health information for **healthcare operations** in several ways. Health care operations mean those administrative and managerial functions that we must do to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance for personal decisions, to enable our doctors to manage care plans, for defense of legal matters, to develop business plans, and for outside storage of our records.

Appointment Reminders

We will text to remind you of scheduled appointments. We may also call or text to notify you of other treatments or services available at our office that may help you.

Uses & disclosures without an Authorization

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all situations will apply to us, some may never happen at our office at all. Such uses and disclosures are:

- A state or federal law that mandates certain health information be reported for specific purpose.
- Public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the Food and Drug Administration regarding drugs or medical devices.
- Disclosures to government authorities about victims of suspected abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities, such as for licensing of doctors, audits by Medicare, or investigation of possible violations of healthcare laws.
- Disclosures for judicial and administrative proceedings, such as response to subpoenas, orders of court, or administrative agencies.
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime, to provide information about a crime at our office, or to report a crime that happened somewhere else.

- Disclosures to a medical examiner to identify a dead person or to determine the cause of death, or to funeral directors to aid in burial or organizations that handle organ or tissue donations.
- Uses or disclosures for health-related research.
- Uses and disclosures to prevent a serious threat to health or safety.
- Uses or disclosures for specified government functions, such as for the protection of the president or high-ranking government officials; for lawful National intelligence activities; for military purposes; or for evaluation and health of members of foreign services.
- Disclosures relating to Worker's Compensation programs.
- Disclosures to business associates who perform health care operations for us and who agree to keep your health information private.

Other disclosures

We will not make any other uses of or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information.

- You can ask us to restrict our uses and disclosures for purposes of treatment, payment, or health care operations. We are not obligated to agree to this, but if we agree, we must honor the restrictions requested. To ask for a restriction, send a written request to **Sonia M., Office Manager** at the address or fax shown at the beginning of this notice.
- You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home or by emailing health information to a different email address. We will accommodate these requests if they are reasonable, and if you agree to compensate for any additional costs. If you want to ask for confidential communications, send a written request to **Sonia M., Office Manager**.
- You can ask to view or receive copies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. Primarily, however, you will be able to review or have a copy of your health information within 30 days of your request. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for us to give you access or copies if we sent you a written notice extension. If you want to view or receive copies of your health information, send a written request to **Sonia M., Office Manager**.
- You can ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from your request. We will send the corrected information to individuals it was disclosed to for treatment purposes. If we do not agree, you can write a statement of your position, and we will include it and send with your health information along with any rebuttal statement that we may write. By law, we have one 30 -day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to us to amend your health information, send a review written request including your reasons for the amendment to **Sonia M., Office Manager**.
- You can get a list of the disclosures that we have made of your health information within the last six years (or a shorter period if you want) except disclosures for purposes of treatment, payment of health care operations, disclosures made in accordance with authorization signed by you, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law, we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to **Sonia M., Office Manager**.

Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserved the right to change this notice at any time in compliance with and as allowed by the law. If we change this notice, the new privacy practice will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post a new policy in our office and have copies available in our office

Complaints

If you think that we have not properly respected the privacy of your health information, you are free to submit a complaint to the US department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to submit a complaint to us, send a written complaint to Sonia M., Office Manager. If you prefer, you can discuss your complaint in person by appointment or by phone.

For More Information

If you want more information about our privacy practices, call or schedule an appointment to visit Sonia M., Office Manager at the address or phone number shown at the beginning of this notice.