

## RELEASE OF LIABILITY FOR INTERNAL EYE HEALTH EXAM

**Dilation of the eyes is standard of care for yearly comprehensive eye exams.** Dilating the pupil with eye drops allows the doctor a much better view inside the eye to detect problems such as glaucoma, cataracts, retinal tears, macular degeneration, diabetes, and high blood pressure. Without an eye dilation, the doctor has a limited view of the inside of the eye and will not be able to detect any pathology that may occur in the far periphery of the eye. It is especially important for those patients who have not had a dilation performed in the last year, a history of diabetes, high blood pressure, headaches, flashes of light or floaters, moderate to severe nearsightedness, cataracts, or family history of glaucoma or retinal problems. For children, it is highly recommended to obtain additional data to help with final eyeglass prescription determination. Because the side effects of the dilation involve light sensitivity and blurry vision, we do NOT recommend driving after dilation.

**I have been informed that a thorough internal examination of the eye is integral to an eye examination.**

- ☐ **I WOULD LIKE THE DILATION IF RECOMMENDED BY THE DOCTOR.**
- ☐ **I DECLINE TO HAVE THE DILATION.**      ☐ **I WOULD LIKE TO RESCHEDULE THE DILATION**
- ☐ **I WOULD LIKE TO HAVE THE OPTOMAP RETINAL PHOTO + IWELLNESS OCT SCAN**

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Patient/Responsible Party Signature

Date

## PATIENT PRIVACY CONSENT

I have reviewed the HIPAA Notice of Privacy Practices (Laminated Form) and given the right to secure a copy of this form. I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1998 (HIPAA) and detailed in the Notice of Privacy Practices. I understand that by signing this consent I authorize Bright Eyes Optometry to use and disclose my protected health information LIMITED to:

- Treatment, including direct or indirect treatment by other healthcare providers involved in my care
- Obtaining payment from third party payers, i.e. my vision and/or medical insurance
- The day-to-day healthcare operations of Bright Eyes Optometry

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and healthcare operations. Bright Eyes Optometry is not required to agree to these requested restrictions. However, if requested restrictions are agreed upon, Bright Eyes Optometry will comply with these restrictions. I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date of revocation is not affected.

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Patient/Responsible Party Signature

Date

## FINANCIAL POLICY AND CONSENT

I certify that the given personal and insurance information is correct to the best of my knowledge. I authorize and request my insurance company to pay directly to Bright Eyes Optometry. **I understand that my vision and/or medical insurance carrier may pay less than the actual bill for services. I agree to be responsible for the full payment of all non-covered services rendered on my behalf or my dependents.** Bright Eyes Optometry only accepts VISA, MC, DISCOVER, AMEX, Care Credit and cash as forms of payment; personal checks are not accepted. In the event it becomes necessary to collect fees through litigation, the patient agrees to pay all collection fees, court costs, deposition fees, and reasonable attorney fees incurred.

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Patient/Responsible Party Signature

Date

## Bright Eyes Optometry Retinal Photography Consent Form

At **Bright Eyes Optometry**, we believe in offering the best possible care to all of our patients. As part of your annual eye exam, the doctor highly recommends **Optomap Retinal Exam (Retinal Photography)** and **iWellness OCT** be performed as standard of care in addition to your eye dilation. The optomap screening procedure consists of capturing a 200° Ultra-widefield high-resolution digital image of the retina in a single shot - without dilation. The iWellness OCT scans subclinical layers of the retina that cannot be seen with normal examination techniques. These scans are NOT X-rays and nothing will be touching your eye. This photo and scan is immediately available for review with you and your eye doctor.

This permanent record is very valuable in assessing the current health of your eye and safeguarding the health of your retina, optic nerve, macula, and blood vessels. It will also serve an initial point with which to compare as we follow your health in subsequent years.

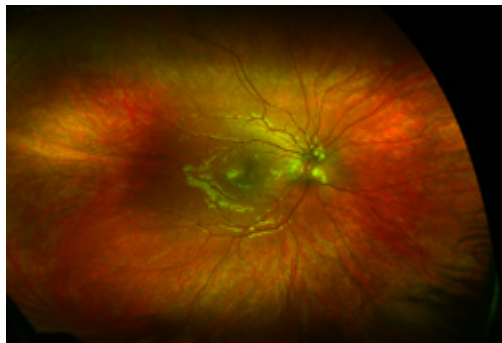
**Retinal photography does not take the place of a dilated eye exam, and the doctor will advise you as to the necessity of a dilation in conjunction with your retinal photos.**

### Highly recommended for:

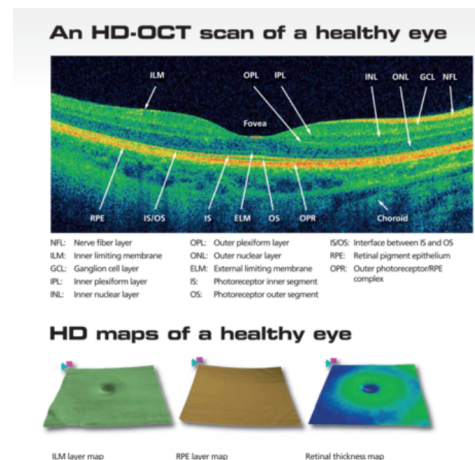
- Patients concerned about retinal disease, glaucoma, or macular degeneration.
- Patients who have moderate/high prescriptions
- Patients with diabetes or high blood pressure
- Patients over the age of 40
- Pregnant women
- Children afraid of eye drops

### Benefits

- **Comprehensive retinal evaluation**
- Takes just a few minutes to perform
- No vision blur after taking the image
- Non-invasive, does NOT touch eye
- Creates a permanent record
- Allow for future comparisons year by year
- Can be reviewed by other doctors, if necessary



An optomap® ultra-widefield 200 degree view of a healthy retina



**The Optomap and iWellness OCT will be performed annually as standard of care for every patient UNLESS a waiver is signed. There is a fee per scanning session and your insurance may not cover the photos.**

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

☐ **YES, I WOULD LIKE TO HAVE THE OPTOMAP RETINAL PHOTO + iWELLNESS OCT SCAN**

☐ **NO, I DECLINE TO HAVE THE OPTOMAP +iWELLNESS OCT PERFORMED**