

NOTICE OF PRIVACY PRACTICES
Effective 4/14/03

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

As a patient, you have the right to adequate notice of the uses of your protected health information. Under the Health Insurance Portability and Accessibility Act of 1996 (HIPAA), Columbia Vision Center is authorized by law to use your health information for treatment, payment, and healthcare operations.

- a) **Treatment-** We may disclose your health information to other healthcare providers for treatment purposes.
- b) **Payment-** We may use and disclose your health information to obtain payment for services we provide you.
- c) **Healthcare operations-** These operations include participation in managed care plans, internal quality assurance, training programs, accreditation, certification, financial or billing audits, business planning, and defense of legal matters.

In other limited situations, we are authorized by law to use your health information without your permission. For purposes of public health, we may be required to release your health information to governmental entities. We may also use your health information to provide you with appointment reminders via phone, email, or letter. However, we **WILL NOT** use your health information for marketing purposes or other reasons without your expressed written consent. You may also revoke your own authorization at any time in the future.

A copy of this privacy notice will be given to you upon request. Contact Jean Hua with any questions or concerns at 206-382-6682.

Please sign on the line below stating that you have read this notice.

Patient's signature _____ date _____

General Office Policies for Columbia Vision Center

- 1) To avoid a cancellation fee, please give 24 hours notice so that we can accommodate other patients. The no-show fee is \$50 for all appointment types.
- 2) New glasses can take up to a month to get used to. If you are having a problem, please let us know no later than 2 months after you pick up your glasses so we can recheck your prescription. After this time, additional charges for the visit and remaking the glasses may apply.
- 3) If you change your mind regarding the frame you select after your custom lenses have been ordered for that frame, you can select a different frame under the following conditions:
 - a. You will owe the difference in the new and old frame price. However, no refund will be given.
 - b. You will owe \$100 for the cost of your new custom progressive, bifocal, or trifocal lenses or
 - c. You will owe \$50 for the cost of your new custom single vision lenses.
- 4) Most of our frames and lenses have a one year warranty against defects (some sale frames do not have a warranty). There is a \$10 shipping fee for each and every frame/part, if needed.
- 5) All sale frames are final sale. Clearance frames have no warranty.
- 6) The return policy for non-prescription sunglasses, over-the-counter readers, and other optical accessories is 7 days for refund or exchange and must be in new condition.
- 7) Please turn cellular phones off during the eye exam. Thanks!

Patient's signature _____ Date _____