

# Nietling Family Eye Care

Therapeutic Optometrists · Optometric Glaucoma Specialists

417 W. Main Street  
Denison, TX 75020  
(903) 465-3815  
Fax (903) 465-0718

1284 W. Van Alstyne Pkwy  
Van Alstyne, TX 75495  
(903) 482-0090  
Fax (903) 482-0095

## Refraction Test

This test is done as part of a Comprehensive eye exam. The purpose is to determine whether you have a refractive error that can be corrected with glasses or contact lenses.

Most insurances including Medicare, do not cover this part of your eye exam. The fee for this service is \$ 40.00 to \$60.00 and is due at the time of service. Please provide staff with updated insurance information to verify if this is covered under your current policy.

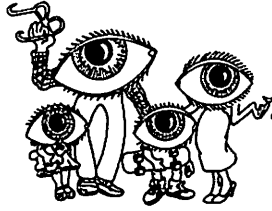
If you have questions regarding this procedure please speak to one of our staff members.

Thank you,

Nietling Family Eye Care

Nietling Optical, PA  
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**Dilation provides you with the most thorough examination possible. You and your eyes will be healthier for it.**

**Dilation is mandatory and performed with every comprehensive eye exam included in the cost of services. Failure to comply with our dilation policy will result in an extra charge.**

**What is Dilation of your eyes?**

To dilate the eyes, optometrists use drops that cause the pupils to enlarge. With the pupils dilated, the optometrist has a better opportunity to examine the inside of the eyes.

**What does the doctor see?**

Imagine looking into a room through a partially opened door. You are only able to see a portion of the room. But if the door is open wide you can see much more of the room. By enlarging the pupil and using certain instruments, your doctor is able to see more of the structures inside your eye. This gives the doctor a better chance of detecting any signs or symptoms of eye diseases, especially if they are located peripherally along the side of your eye.

**What are the side effects?**

Most people encounter a few, if any, side effects. Dilation may cause you to experience glare, some sensitivity to light and some blurring of your near vision and may affect your ability to drive. If you are uncomfortable about this, arrange for someone to come with you to drive you home. In order to help with light sensitivity it is recommended to use a pair of dark sunglasses. Our office will provide you with a temporary set should you not bring any.

If you cannot be dilated at the time of your appointment, please contact our office within 24 hours of appointment and reschedule.

Thank you,

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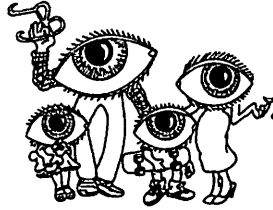
Information obtained from American Optometric Association pamphlet:

Dilation: Opening Your Eyes to Better Health.

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## Payment and Refund Policy

Thank you for choosing our office for your eye care services. Our purpose is to provide you with the best quality services, glasses and contacts and to do this with a courteous, efficient and professional behavior.

**Payment is expected at the time of service.**

A standard policy regarding payment for services in Optometry is payment in full when you have completed your appointment.

If you place an order for contacts lenses or glasses a deposit is required. The deposit requirement is half of your total order. We have a **no refund, no cancellation policy**. All lenses are custom made according to your prescription.

We do have a non-adapt warranty offered one time per patient. If you are unable to adapt to the lenses made for you, our office will provide you with a new set of lenses at no charge within **60 days** from your purchase.

If you have insurance, it is important that you understand your plan and what your benefits are. We file your insurance for you as a complimentary service; however, we do need a current copy of your insurance card on file. We will have you pay your entire bill, except what we estimate the insurance company will pay. As you are responsible for your bill, if your insurance company does not pay the amount we file for, or if they do not pay at all, it is expected that you will pay the balance.

If there is any reason you cannot meet these requirements today, please notify someone at the front desk and a solution can be reached. Our office is a current provider for Care Credit. This can help with payment issues. Feel free to ask the staff about this.

**All sales are final and opened boxes of contacts cannot be returned.**

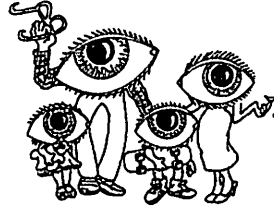
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## **Cancellation Policy:**

**Nietling Family Eye Care would like to inform you of our office cancellation policy regarding appointments scheduled by either of our office locations.**

**Our staff will confirm your appointment by telephone 1-2 days prior to your visit. If you are not reached personally, we will leave a message on your answering machine. Our office also uses an automated system that will text or email patients in advance to remind you of upcoming appointments.**

**A \$35.00 charge will be billed if you fail to show up for your appointment.**

**In case of an emergency, please notify us at your earliest convenience by calling our office to speak with a staff member or leave us a message.**

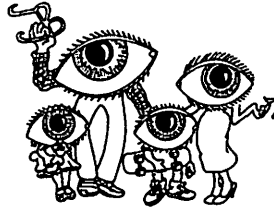
**Thank you for understanding.**

**Nietling Family Eye Care**

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## **Social Media Policy and Disclosure of Information**

**We would like to inform our patients that our office participates in Social Media Networking.**

**We use a third party company which is HIPAA Compliant to confirm appointments, issue surveys and send out newsletters.**

**Should you respond to any survey and/or write a testimonial review; this information is then published online for both our locations and is available for the public to view.**

**Each publication follows all HIPAA guidelines and every patient has the right to decline participation.**

# **Nietling Family Eye Care**

## **Notice of Privacy Practices**

Privacy Officer: Dr. Dennis M. Nietling

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**IN COMPLIANCE WITH THE FEDERAL REGULATIONS OF HIPAA'S PRIVACY RULE, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO IT.**

We respect our legal obligation to keep health information that might identify you private. We are obligated by law to provide you with notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reasons we would use or disclose your health information is for treatment, payment or business operations. We routinely use and disclose your medical information within the office on a daily basis. We do not need specific permission to use or disclose your medical information in the following matters, although you have the right to request that we do not.

Examples of how we might use or disclose health information for treatment purposes might include:

Setting up or changing appointments including leaving messages with those at your home or office who may answer the phone or leaving messages on answering machines, voice mails or emails; prescribing glasses, contact lenses, or medications and instructing or training you on the use of such in our main office area or in a more secure area if you so desire with or without other patients in close proximity as well as relaying this information to suppliers by phone, fax or other electronic means including initial prescriptions and requests from suppliers for refills; notifying you that your ophthalmic goods are ready, including leaving messages with those at your home or office who may answer the phone, or leaving messages on answering machines, voice mails or emails; referring you to another doctor for care not provided by this office; obtaining copies of health information from doctors you have seen before us; discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health; sending you postcards or letters or leaving messages with those at your home who may answer the phone or on answering machines, voice mails or emails reminding you it is time for continued care.

Examples of how we might use or disclose health information for payment purposes might include:

Asking you about your vision or medical insurance plans or other sources of payment; working out payment arrangements in the main office area or in a more secure area if you

so desire with or without other patients in close proximity; preparing and sending bills to your insurance provider or to you; providing any information required by third party payers in order to insure payment for services rendered to you; collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office.

Examples of how we might use or disclose health information for business operations might include:

Financial or billing audits; internal quality assurance programs; participation in managed care plans; defense of legal matters; business planning; certain research functions; informing you of products or services offered by our office either verbally, via postcards, letters or newsletters; compliance with local, state, or federal government agencies request for information; oversight activities such as licensing of our doctors; Medicare or Medicaid audits.

## **USES AND DISCLOSURES FOR OTHER REASONS NOT NEEDED PERMISSION**

In some other limited situations, the law allows us to use or disclose your medical information without your specific permission. Most of these situations will never apply to you but they could.

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health reasons, such as reporting of a contagious disease, investigations or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to government or law authorities about victims of suspected abuse, neglect, domestic violence, or when someone is or suspected to be a victim of a crime
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative hearings
- Disclosures to a medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial
- Disclosures to organizations that handle organ or tissue donations
- Uses or disclosures for health related research
- Uses or disclosures to prevent a serious threat to health or safety of an individual or individuals
- Uses or disclosures to aid military purposes or lawful national intelligence activities
- Disclosures of de-identified information
- Disclosures related to a workman's compensation claim
- Disclosures of a "limited data set" for research, public health, or health care operations
- Incidental disclosures that are an unavoidable by-product of permitted uses and disclosures
- Disclosures to business associates who perform health care operations for Nietling Optical, P.A. and who commit to respect the privacy of your information
- Unless you object, disclosure of relevant information to family members or friends who are helping you with your care or by their allowed presence cause us to assume you approve their exposure to relevant information about your health

## **USES OR DISCLOSURES TO PATIENT REPRESENTATIVES**

It is the policy of Nietling Optical, P.A. for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. Nietling Optical, P.A. staff will also assist individuals on a patient's behalf in the delivery of eyeglasses, contact lenses, or other optical goods. During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient's vision or health status may be disclosed without proper patient consent. Nietling Optical, P.A. staff and doctors will also infer that if you allow another person in an examination or treatment room with you while testing is performed or discussions held about your vision or health care that you consent to the presence of that individual.

## **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written *Authorization for Release of Identifying Health Information*. The content of this authorization is determined by federal law. The request for signing an authorization may be initiated by Nietling Optical, P.A. or by you as the patient. We will comply with your request if it is applicable to the federal policies regarding authorizations. If we ask you to sign an authorization, you may decline to do so. If you do not sign the authorization, we may not use or disclose the information we intended to use. If you do elect to sign the authorization, you may revoke it at any time. Revocation requests must be made in writing to the Privacy Officer named at the beginning of this Notice.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your personal health information.

You may ask us to restrict our uses and disclosures for purposes of treatment (except in emergency care), payment, or business operations. This request must be made in writing to Privacy Officer named at the beginning of this Notice. We do not have to agree to your request, but if we agree, must honor the restrictions you ask for.

You may ask us to communicate with you in a confidential manner. Examples might be only contacting you by telephone at your home or using some special email address. We will accommodate these requests if they are reasonable and if you agree to pay any additional cost, if any, incurred in accommodating your request. Requests for special communication requests must be made to the Privacy Officer named at the beginning of this Notice.

You may ask to review or get copies of your health information. There are a very few limited situations in which we may refuse your access to your health information. For the most part we are happy to provide you with the opportunity to either review or obtain a copy of your medical information. All requests for review or copy of medical information must be made in writing to



the Privacy Officer named at the beginning of this Notice. While we usually respond to these requests in just a day or so, by law we have fifteen (15) days to respond to your request. We may request an additional thirty (30) day extension in certain situations.

You may ask us to amend or change your health care information if you think it is incorrect or incomplete. If we agree, we will make the amendment to your medical record within thirty (30) days of your written request for change sent to the Privacy Officer named at the beginning of this Notice. We will then send the corrected information to you or any other individual you feel needs a copy of the corrected information. If we do not agree, you will be notified in writing of our decision. You may then write a statement of your position and we will include it in your medical record along with any rebuttal statement we may wish to include.

You may request a list of any non-routine disclosures of your health information that we might have made within the past six (6) years (or a shorter period if you wish). Routine disclosures would include those used your treatment, payment, and business operations of Nietling Optical, P.A. These routine disclosures will not be included in your list of disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you must pay for them in advance at a fee of \$10.00 per list. We will usually respond to your written request (made to the Privacy Officer named at the beginning of this Notice) within thirty (30) days but we are allowed one thirty (30) day extension if we need the time to complete your request.

You may obtain additional copies of this Notice of Privacy Practices from our business office. This Notice is being posted at our website; the address is shown at the beginning of this Notice.

## **CHANGING OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change the Notice. We reserve the right to change this Notice at any time. If we change this Notice, the new privacy practices will apply to your existing health information as well as any additional information generated in the future. If we change this Notice, we will post a new Notice in our office and on our website.

## **COMPLAINTS**

If you think that anyone at Nietling Optical, P.A. has not respected the privacy of your health information, you are free to complain to the Privacy Officer named at the beginning of this Notice. We are more than happy to try to resolve any concern you may have in writing or by phone. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you if you make such a complaint.