

Advanced Eyecare (HIPAA)

Your Privacy

Advanced Eyecare of South Holland, nothing is more important than ensuring your privacy. Keeping your information confidential is more than a matter of policy; it is a matter of trust. As your medical provider, we are very proactive in safeguarding your information. We understand that with each office visit, you are placing your trust in us. As we will do everything we possibly can to ensure this trust is not breached.

This notice was developed to provide you with information regarding your rights to privacy and confidentiality. It contains our policies regarding privacy according to Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. We encourage you read this information so that you are fully informed and comfortable with the manner in which we treat your privacy.

Acknowledgement Notice

I acknowledge that I have been informed of the HIPAA Notice of Privacy Practices of AEC.

Patient Signature _____ Date _____

Patient Financial Policy

As health care providers we are committed to providing our patients with the best medical and vision care possible. As a business, we are committed to providing a streamlined fiscal process that allows our patients to clearly understand their financial responsibility. Our Billing Department is committed to providing outstanding customer service for all financial questions, and our professional staff members are experts working with commercial insurance companies, Medicare, Medicaid, and vision insurances.

I hereby assign, to AEC, payment of medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine my benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand I am financially responsible for all charges whether or not they are covered by my insurance policy, as well as any co-payments or co-insurance.

Printed Name _____

Patient Signature _____ Date _____

Guardian (if applicable) _____