



EYEWORXS

HIPAA PRIVACY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ (Print full legal name here: the "patient" or "patient's legal representative"), have been provided with the Notice of Privacy Policy (the "Policy") of this provider and have been offered a copy of such policy to keep for my records.

_____(Initials) I hereby acknowledge that I have been provided or offered a copy of the policy.

_____(Initials) I hereby refuse to receipt of the "Policy". I understand even though I may refuse to sign this acknowledgment, my provider may still provide services. Reason for refusal _____

(Signature of patient or legal representative)

Date

DILATION CONSENT

Dilation of the pupil allows the doctor a view of the peripheral retina. The doctor can diagnose possible tumors, retinal holes or tears which could lead to retinal detachment. Please note that dilation will result in loss of near vision for approximately 90 minutes and light sensitivity for up to 7 hours.

YES, I would like to be dilated today

NO, not today. I will request if I would like to reschedule. (Reschedules must be within 10 days of original appointment)

(There is an additional charge of \$25 for dilation for all Groupon, Amazon and Living Social promotions)

(Signature of patient or legal representative)

Date

ALL SALES FINAL POLICY

Eyeworks strives for prompt service. For that reason, your eye glass order is made with the labs and frame companies as soon as you place your order with Eyeworks. This is a completely personalized type of order and made just for the patient. Once you place your order and production has begun, there is no way to reverse or stop that order. All sales are final at time of purchase and there are no refunds on orders or deposits.

ADDITIONAL CONTACT LENS EXAMINATION AFTER ORIGINAL EYE EXAM POLICY

Patient may receive a contact lens exam **up to 60 days after original eye exam** and only pay for contact lens exam. After that, a new eye exam must be performed by the doctor and charged to patient along with contact lens exam.

I understand and agree to Eyeworks "All Sales Final / No Refund Policy" and "Additional Contact Lens Exam Policy"

(Signature of patient or legal representative)

Date

