

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

State and Federal laws require that Clarke D. Newman, OD, PC d/b/a Plaza Vision Center make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

(Please choose from the following, and check only one box.)

- I have read, or have had explained to me, Plaza Vision Center's Notice of Privacy Practice, and I agree to continue my care with Plaza Vision Center under the terms of that Notice.
- I was given the opportunity to read Plaza Vision Center's Notice of Privacy Practice and declined, but I wish to continue my care with Plaza Vision Center under the terms of that Notice.
- I have read, or have had explained to me, Plaza Vision Center's Notice of Privacy Practice, and I do not wish to continue my care with Plaza Vision Center under the terms of that Notice.
- The Notice of Privacy Practice could not be read due to the emergent nature of the care, or due to some other reason described below:

REQUEST FOR INFORMED CONSENT FOR PUPILLARY DILATION AND OTHER TESTS

Pupillary Dilation is the use of medicine eye drops that act, temporarily, to increase the size of the light opening, or pupil, of the eye. **Dilation is a necessary part of a complete eye examination. Without a dilated eye examination, certain eye diseases and abnormalities can go undetected. Dr. Newman strongly recommends pupillary dilation each time you have a routine eye examination.** These drops sting slightly upon installation, but this effect lasts only a few seconds. They also temporarily decrease your ability to change focus. This effect can blur your near vision, and, if you are far-sighted, can blur your distance vision as well. Following dilation, you will be light sensitive, and your vision may be blurry. **Great caution is advised after leaving our office—especially when driving or going up or down stairs!**

In some patients, pupillary dilation can cause a rare condition called, "Acute Narrow Angle Glaucoma." If you are at risk for this condition, Dr. Newman will discuss it thoroughly with you before he dilates your eyes. If Dr. Newman determines that your eyes do not need to be dilated today, he will tell why it is not necessary.

Based on the results of your examination, additional tests may be medically necessary. Dr. Newman will thoroughly discuss those tests with you should the need arise. There may be additional charges for these tests, and they may or may not be covered under your general health insurance. If these tests are covered by your health insurance, then you may be responsible for unmet deductibles and co-payments.

- I consent to pupillary dilation I consent to additional testing
- I do not consent to pupillary dilation I do not consent to additional testing

PATIENT SIGNATURE

_____/_____/201_____
TODAY'S DATE

PATIENT REPRESENTATIVE

RELATIONSHIP TO PATIENT