

**\*\*\*\*\* Consent to Leave Information On Voicemail \*\*\*\*\***

Personal information is treated with the utmost care here at Dressler Ophthalmology. We are careful to follow the rules and regulations set forth by HIPAA. At times, we may need to call you to either go over results, discuss medications, inquire about your health insurance policy, or relay instructions and information given out the by doctor. Please choose your preference below.

\_\_\_\_\_ *Yes, I authorize Dressler Ophthalmology to leave personal information by voicemail if needed. (Best number to reach me is \_\_\_\_\_)*

\_\_\_\_\_ *No, I do not authorize Dressler Ophthalmology to leave personal information by voicemail.*

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**\*\*\*\*\* Authorization to Share Your Information \*\*\*\*\***

HIPAA regulations prohibit your physician from sharing your personal health information.

I \_\_\_\_\_ authorize the doctors of Dressler Ophthalmology Associates to disclose my medical information to the following persons only.

Name	Phone	Relation
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- \_\_\_\_\_
- \_\_\_\_\_

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**\*\*\*\*\* No Vision Plans Accepted \*\*\*\*\***

We do not take **any vision plans** and we do not bill to your medical insurance for a "routine" exam. We file to your **medical** insurance only with a medical diagnosis and collect all copays upfront.

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**\*\*\*\*\* Cancellation Policy \*\*\*\*\***

We require a 24 hour/ business day notice to cancel an appointment. If less than 24 hours is given, you will be charged a **\$50 fee** which will not be waived and must be paid before your next visit.

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**\*\*\*\*\* Contact Lens Exams \*\*\*\*\***

Please be advised that there is an out-of-pocket fee to the patient for any contact lens evaluations, contact lens prescription renewals, and contact lens refits. The prices vary depending on refit complexity. Payment is due at the time of your appointment.

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I understand and agree to the office policies.

\_\_\_\_\_ Patient Signature & Date