Welcome to The Papale Eye Center

Thank you for scheduling your appointment with us. We look forward to meeting with you.

Please fill out the enclosed forms prior to your visit and either mail back to us or bring them with you on the day of your appointment. Kindly bring your insurance cards and a photo identification to your appointment so that we may make a photocopy of them.

We ask that you plan to arrive for your visit approximately 15 minutes prior to your appointment time to allow our staff to process your paperwork. We will make every effort to see you at your scheduled appointment time.

A complete eye examination will take between 1 ½ and 2 hours, so please allow ample time for this thorough exam.

It is important for the doctor to have a list of your current medications, so please list them on the enclosed health form.

Prior to your visit, please be sure to contact your insurance company to see if a referral is required. If one is needed, it is your responsibility to call your primary care physician to obtain the referral prior to your visit. It is also your responsibility to understand your insurance plan and associated copays and/or deductibles.

We ask that if you are new to our office and you currently wear contact lenses, please discontinue wearing your lenses for 4 days prior to your appointment. If you are scheduled for a routine eye exam or a contact lens fitting, you do not need to discontinue wearing your lenses.

Again, we look forward to including you in our growing family of happy patients.

The Staff at the Papale Eye Center

Directions to our 1515 Allen St., Springfield office:

From the South: Take 91 North to exit 2. Follow signs toward 83 to Sumner Ave. Continue on Sumner Ave for 4-5 miles Sumner Ave turns into Allen St. After passing McDonalds on the right, Go straight at stop light. Turn left into the first office building on the left.

From the North: Take 91 South to Exit 4. Take a left turn at the light, which brings you underneath I-91. Follow signs for 83 South. Turn right up the hill onto Longhill St. Turn left at the first light onto Sumner Ave/83 South. Continue on Sumner Ave for 4-5 miles Sumner Ave turns into Allen St. After passing McDonalds on the right, Go straight at stop light. Turn left into the first office building on the left.

From East Longmeadow: From the rotary, take Elm St. northward and continue as it turns into Cooley St. Make a left onto Allen St. (at the intersection with 4 gas stations). The office is on the right side, across the street from Bicentennial Plaza.

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PAPALE EYE CENTER

TODAY'S DATE _____

HOW DID YOU HEAR ABOUT US? _____ **Primary Care Physician** _____

NAME: _____ DATE OF BIRTH: _____

MEDICAL HISTORY

	YES	NO		YES	NO
DIABETES	____	____	ARTHRITIS	____	____
HEART ATTACK	____	____	CANCER/TUMOR	____	____
HIGH BLOOD PRESSURE	____	____	THYROID DISEASE	____	____
STROKE/SHOCK	____	____	SEIZURES	____	____
PACEMAKER/DEFIBRILLATOR	____	____	BLOOD CLOTS	____	____
ASTHMA	____	____	BLEEDING DISORDER	____	____
EMPHYSEMA	____	____	TRANSFUSIONS	____	____
LIVER DISEASE/JAUNDICE	____	____	AIDS/HIV POSITIVE	____	____
STOMACH ULCER	____	____	KIDNEY STONES/DISEASE	____	____
PACEMAKER	____	____	**LATEX ALLERGY**	____	____

OTHER: _____

FAMILY HISTORY *AMONG BLOOD RELATIVES*

	YES	NO		YES	NO
GLAUCOMA	____	____	RETINAL DISEASE	____	____
CATARACTS	____	____	DIABETES	____	____
MACULAR DEGENERATION	____	____	HEART DISEASE	____	____
NIGHT BLINDNESS	____	____	BLEEDING DISORDER	____	____

SOCIAL HISTORY

	YES	NO		
DO YOU DRINK ALCOHOL?	____	____	HOW MUCH PER DAY?	_____
DO YOU SMOKE?	____	____	HOW MUCH PER DAY?	_____

LIST ALL ALLERGIES: _____

PLEASE LIST ALL ***EYE*** MEDICATIONS YOU ARE CURRENTLY USING: _____

_____

_____

PLEASE LIST ANY PREVIOUS EYE SURGERY:

1. _____
2. _____
3. _____

OTHER SURGICAL PROCEDURES:

1. _____
2. _____
3. _____

PLEASE LIST ALL MEDICATIONS YOU ARE TAKING AND THE DOSE:

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

7) _____ 8) _____

Authorization/Financial Policy

Insurance – As a service to our patients, our office will submit fees for service to certain insurance companies. However, we do consider the patient (or guarantor) primarily responsible for the account. Once the claim has been processed by the insurance, any remaining balance, if any, is the patient's responsibility.

Additionally, the practice is not responsible for knowing what specific procedures or amounts are covered by your insurance policy or limits of your benefit coverage.
Please note that insurance cards must be presented at each visit. If your insurance changes, you must notify us prior to your services being rendered. If you do not present us with valid insurance information prior to your appointment, you will be considered self-pay and will be charged for the appointment.

Payment – Payment of co-payments, refraction fee, contact lens fee, deductibles, outstanding balances and self-pay amounts will be collected at the time service is rendered. For your convenience, we accept Mastercard, Visa and Discover, as well as personal checks and cash. ***Please note there is a returned check fee of $25.00 and you may be placed on a cash only basis for any returned checks.***

Insurance Referrals – It is the patient's responsibility to obtain an insurance referral if your plan requires one. Please note that your signature below will hold you financially responsible for payment of services rendered if a referral is not received for your visit.

Missed Appointments – If you need to cancel an appointment, please contact our office at least 24 hours prior to the appointment time. ***Any three missed appointments in a twelve-month period are grounds for patient termination from the practice.***

Non-Covered Service Policy

This notice serves as an authorization for ***Papale Eye Center to*** perform a service that may or may not be covered by your insurance plan.

As part of your eye exam, a REFRACTION is done (this is testing that is done to determine if glasses are needed or if a glasses prescription change is necessary) at your visit to ensure the best possible outcome, for proper diagnosis and treatment. Not all insurance plans cover the refraction fee. Therefore, your signature below authorizes Papale Eye Center to perform a refraction as part of the visit knowing that it may or may not be a covered service by your insurance plan. ***The fee for the refraction is $50.00.***

I desire to have Papale Eye Center provide me with the professional services an agree to abide by this policy. I authorize benefits to be paid directly to Papale Eye Center.

I agree to pay any balance due to the practice of Papale Eye Center within 30 days of receiving notification (which may be provided via mailed statements, letters and/or telephone) of said balance.

I understand that legal action may be taken if I fail to fulfill this contract, and I will be responsible for all collection costs incurred, as well as any additional attorney's fees that may be assessed by the court.

_____ _____

Patient (or Guardian if patient is a minor or unable to sign) Signature Date

Papale Eye Center

OPHTHALMOLOGY

John J. Papale, M.D. Mary Ann K. Rubis, O.D Zachary J. Slepchuk, O.D.

PLEASE PRINT ALL INFORMATION and please have your insurance card(s) and photo id ready to be scanned.

Today's Date: _____ Primary Care Physician _____

Last Name: _____ First Name_____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

DOB: _____ **Gender:** M or F **Marital Status:** Single, Married, Widow, Divorced

E-Mail Address: _____ Preferred Language: _____

Race: (Circle one) American Indian or Alaskan Indian, Asian, African American, Native Hawaiian or Pacific Islander, White or Caucasian, Refuse to Report/Unreported

Ethnicity: (Circle one) Hispanic or Latino, Non-Hispanic or Latino, Refuse to Report/Unreported

Preferred Pharmacy:

Name: _____ Address: _____ City: _____

Work History:

Are you retired? Yes No

Employer if still working: _____ Occupation: _____

Person Responsible of Bill if NOT the patient:

Name: _____ DOB: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip _____

IF Workers Compensation: Injury Date: _____ Reported to Employer: YES NO

Employer: _____ Address: _____

City: _____ State: _____ Zip _____

1515 Allen St., Springfield, MA 01118 TEL(413)782-0030 FAX(413)796-1985

Papale Eye Center

OPHTHALMOLOGY

John J. Papale, M.D. Mary Ann K. Rubis, O.D Zachary J. Slepchuk, O.D.

CONSENT TO DISCLOSE INFORMATION

Patient name: _____ **DOB** _____

I give Papale Eye Center permission to speak to the following person(s) – family or friend(s) – should they call on my behalf to inquire about my eye condition, billing questions or appointments.

NAME	RELATIONSHIP TO PATIENT
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	( )_____
_____	_____	( )_____
_____	_____	( )_____

HIPAA: I acknowledge that the HIPAA (notice of privacy practices) is posted. If I desire a copy of this document, one will be provided to me.

_____ _____

(Signature of Patient or Personal Representative) (Date)

_____

(Relationship to Minor Patient)

This document expires (2) years from the date signed.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW THE PAPALE EYE CENTER MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Papale Eye Center is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by The Papale Eye Center or received by The Papale Eye Center from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. The Papale Eye Center will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.[1]

The Papale Eye Center reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent
The Papale Eye Center may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment, and healthcare operations. There are certain restrictions on uses and disclosures or treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services fro mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, The Papale Eye Center may determine that you require services of a specialist. In referring you to another doctor, The Papale Eye Center may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by The Papale Eye Center to obtain reimbursement for services rendered to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing withy our insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, The Papale Eye Center will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

- Contacting healthcare providers with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluations and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, The Papale Eye Center may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

The Papale Eye Center may contact you by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when The Papale Eye Center is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
  In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime.
  Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- For public health activities.
  We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency.

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[1]This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520

We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient of community from imminent and substantial danger.

- For health oversight activities.
  We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.

- Judicial and Administrative Proceedings.
  Patient healthcare records, including treatment records and HIV test result, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.

- For activities related to death.
  We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.

- To avoid a serious threat to health or safety.
  We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, Including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or the community from imminent and substantial danger.

- For worker's compensation.
  We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

The Papale Eye Center will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that The Papale Eye Center has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of protected health information by The Papale Eye Center to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review/obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. The Papale Eye Center may deny an access under other circumstances, in which you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request the The Papale Eye Center send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that The Papale Eye Center not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that The Papale Eye Center amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by The Papale Eye Center for six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request and receive a paper copy of this notice, if you had previously received or agreed to receive the notice electronically.

Any person or patient may file a complaint with The Papale Eye Center and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with The Papale Eye Center, please contact the Privacy Officer at the following:

Privacy Officer
The Papale Eye Center
1515 Allen St – Suite E
Springfield, MA 01118
(413) 782-0030

It is the policy of The Papale Eye Center that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective April 14, 2003.