

Northwest Eye Clinic Patient Agreement, Rights and Protections

Assignment of Benefits and what this means - By signing below you're giving your insurance company permission to pay NWE directly, as we submit claims on your behalf as a courtesy. I hereby instruct and direct the primary and supplemental insurance company(S) on file which I verified is correct and accurate upon check in for today's appointment. Insurance Company(s) to pay by check or direct deposit made out to: Northwest Eye Clinic, Ltd. Located in Des Plaines, IL for the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above-mentioned assigner, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. A photocopy of this Assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case, to determine these benefits or the benefits payable for related services. I authorize my doctor to initiate a complaint to the Insurance Commissioner on my behalf.

HIPAA Notice of Privacy Practices Acknowledgment: Federal law requires that we protect the privacy and security of your health information and that we tell you how we may use and share it. Our Notice of Privacy Practices explains: How Northwest Eye Clinic may use and disclose your health information for treatment, payment, and health care operations. Your rights regarding your health information, including the right to see or get a copy of your records, request corrections, request limits on certain uses and disclosures, and choose how we contact you. Our responsibility is to safeguard your information and what we will do if a privacy or security breach occurs. At check-in, we will ask you to sign an acknowledgment that you have been offered or received a copy of our Notice of Privacy Practices. This acknowledgment: Does not change your care or your benefits, Does not give us any new rights to your information. Simply confirms that we have given you the opportunity to review the Notice, as required by law. You are encouraged to read the Notice carefully and ask any questions you may have. You may: Request a paper copy of the Notice at any visit. View the Notice on our website (if applicable). Ask for an explanation of anything you do not understand. Your signature on the acknowledgment form confirms only that you received or were offered the Notice of Privacy Practices. It does not mean you agree with any specific use or disclosure beyond what the law already allows, and it does not waive any of your privacy rights.

Northwest Eye Clinic Policy By signing below I understand that my medical claims may not be covered in full by my insurance company and I will be responsible for any balance. Routine eye care, eyeglasses, contact lenses, refraction and routine examinations are not covered by medical insurance. If you are active with a skilled nursing facility at the time of service, your insurance will deny your claim, and you will be held responsible. We do not accept any Medicaid plans. Medicaid portions will not be written off, therefore will be the patient's responsibility. In the event I am an HMO patient and do not bring a referral for services provided by Northwest Eye Clinic, Ltd., I understand that I am responsible for any charges incurred. In event that I am HMO and have an approved and valid referral from my primary care provider, I understand this is not guarantee of payment and I will be billed for any services not covered by my insurance company. In the event my account balance becomes 45 past due I understand there may be a

late charge per billing cycle. Northwest Eye Clinic, Ltd. has financing and payment options at 0% financing available in the event payment cannot be promptly made, in the event financing or a payment agreement is made with Northwest Eye Clinic, Ltd. no late charges will apply. In the event my account is placed into collection Northwest Eye Clinic, Ltd. shall be entitled to recover all reasonable collection fees. Any request for medical records must be in writing three to five days prior to receiving the records, charges for records may vary by size of chart. Your signature below certifies that the information above is correct and true to the best of my knowledge. I have read and understand both benefit and office policy.

Credit Card Signature on File. We understand that convenience is not often associated with today's health care environment. Our Practice not only focuses on excellent health care service but also how to provide service as cost and time effectively as possible. We have found that collecting all known liability at the time of service is not only beneficial for the practice, but experience has proven that our patients appreciate knowing they will not have to worry about delayed billing or payments. We provide secure methods of accepting your payment at the time of treatment also keeping your credit card on file to handle any remaining balance after your insurance company's reimbursement. We will always get verbal consent from you prior to running any transaction. We will work with you in establishing a payment schedule if necessary, using this credit card authorization form. I Authorize Northwest Eye Clinic, Ltd., to keep my signature and credit card information on file and to charge my account for balances that remain unpaid and I call with verbal authorization to pay outstanding balance or make a payment specified in our agreement. I am authorizing the use of this card for only materials and services provided by Northwest Eye Clinic Ltd. We do not charge for missed appointments.

Electric Communication. I understand that Northwest Eye Clinic may use electronic communication (such as text messages, email, patient portal, or secure messaging) to contact me about my eye care. This may include appointment reminders, test results, prescription information, billing updates, and care instructions. Benefits of Electronic Communication Faster and more convenient than mail or phone. Allows secure access to health information through our patient portal. I understand and accept that electronic communication is not 100% secure and has potential risks, including but not limited to: Possible interception or unauthorized access by others (e.g., hackers, family members seeing my phone). Technical failures (e.g., messages not delivered, delayed delivery). Privacy limits if I use public Wi-Fi, share devices, or reply from unsecured email/text apps. Text messages and standard email are not HIPAA-compliant for protected health information (PHI), so sensitive details will only be sent via our secure patient portal. I agree to use only the secure patient portal for discussing health information, test results, or sensitive topics. Notify the clinic immediately if my contact information changes or if I no longer wish to receive electronic communication. Keep my devices secure (e.g., password-protected phone, not sharing login credentials). This consent remains in effect until I revoke it in writing. I understand I can opt out at any time without affecting my care, though I may miss important updates.

**** Signature Required ****

YOUR RIGHTS. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you

Get a copy of your health and claims records • You can ask to see or get a copy of your health records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice. • We will provide a copy or a summary of your health records usually within 30 days of the request. We may charge a reasonable, cost-based fee. Ask us to correct health records • You can ask us to correct your health records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice. • We may say “no” to your request. We’ll tell you why in writing within 60 days. Request confidential communications • You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice. • We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not. Ask us to limit what we use or share • You can ask us not to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice. • We are not required to agree to your request, and we may say “no” if it would affect your care. Get a list of those with whom we’ve shared information • You can ask for a list accounting for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice. • We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months. Get a copy of this Notice • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly. Choose someone to act for you • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices for you. • We confirm this information before we release any of your information, file a complaint if you feel your rights are violated • You can complain if you feel we have violated your privacy rights by using the contact information at the end of this notice. • You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201. • We will not retaliate against you for filing a complaint

YOUR CHOICES. For certain health information, you can tell us your choices about what we share. If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions. Use the contact information at the end of this notice

In these cases, you have both the right and choice to tell us to: • Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster or relief situation • Contact you for fundraising efforts If there is a reason you can’t tell us who we can share information with, we may share it if we believe it is in your best interest to do so. We may also share information to lessen the serious or imminent threat to health or safety. We never share your information in these situations unless you give us written permission • Marketing purposes • Sale of your information

OUR USES AND DISCLOSURES. How do we use or share your health information? We typically use or share your health information in the following ways

Help manage the health care treatment you receive • We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services. Run our organization • We can use and disclose your information to run our organization and contact you when necessary. Example: We use health information to develop better services for you. We can’t use any genetic information to decide whether we will give you coverage except for long-term care plans. Pay for your health services • We can use and disclose your health information since we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work. Administer your plan • We may disclose your health information to your health plan sponsor for plan administration purposes. Example: If your company contracts with us to provide a health plan, we may provide them with certain statistics to explain the premiums we charge

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.htm

Help with public health and safety issues • We can share your health information for certain situations such as: – Preventing disease – Helping with product recalls – Reporting adverse reactions to medications – Reporting suspected abuse, neglect or domestic violence – Preventing or reducing a serious threat to anyone’s health or safety Do research • We can use or share your information for health research. Comply with the law • We will share information about you when state or federal law requires it,

including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws. Respond to organ/tissue donation requests and work with certain professionals • We can share health information about you with an organ procurement organization. • We can share information with a medical examiner. Address workers compensation, law enforcement, and other government requests • We can use or share health information about you: – For workers compensation claims – For law enforcement purposes or with a law enforcement official – With health oversight agencies for activities authorized by law – For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates. Respond to lawsuits and legal actions • We can share health information about you in response to an administrative or court order, or in response to a subpoena. Certain health information • State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of state law. OUR RESPONSIBILITIES. When it comes to your information, we have certain responsibilities. • We are required by law to maintain the privacy and security of your protected health information. • We will let you know promptly if a breach occurs that compromises the privacy or security of your information. • We must follow the duties and privacy practices described in this notice and give you a copy of it. • We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind. Additional information about your Privacy Rights can be found @ <https://www.hhs.gov/hipaa>

STATE NOTICE OF PRIVACY PRACTICES – Effective 9/2013 Northwest Eye Clinic, Ltd. collects nonpublic personal information about you from your insurance application, healthcare claims, payment information and consumer reporting agencies. NWECC: – Will not disclose this information, even if your customer relationship with us ends, to any non-affiliated third parties except with your consent or as permitted by law. – Will restrict access to this information to only those employees who perform functions necessary to administer our business and provide services to our customers. – Will maintain security and privacy practices that include physical, technical and administrative safeguards to protect this information from unauthorized access. – Will only use this information to maintain your health records and demographic information, process your claims, ensure proper billing, provide you with customer service and comply with the law. NWECC can share this information with certain third parties who either perform functions or services on our behalf or when required by law. These are some examples of third parties that we can share your information with: – Company affiliates – Business partners that provide services on our behalf (claims management, clinical support) – Regulatory agencies, other governmental entities and law enforcement agencies – Your Employer Group Health Plan You have a right to ask us what nonpublic financial information that we have about you and to request access to it. CHANGES TO THESE NOTICES We have the right to change the terms of these notices, and the changes we make will apply to all information we have about you. The new notices will be available upon request or from our website. We will also mail a copy of the new notices to you as required by law. CONTACT INFORMATION FOR THESE NOTICES If you would like general information about your privacy rights or would like a copy of these notices, go to: www.nweyeonline.com. If you have specific questions about your rights or these notices, contact us in one of the following ways: – Call us 847-296-4020. – Write us at Privacy Office Northwest Eye Clinic, Ltd. 1400 E Golf Road, Suite 212. Des Plaines, IL 60016

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at: U.S. Dept. of Health & Human Services Phone: 800-368-1019 200 Independence Avenue SW TTY/TDD: 800-537-7697 Room 509F, HHH Building 1019 Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> Washington, DC 20201 Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.htm>