

REEVE-WOODS EYE CENTER

"Quality of care and quality of caring"

*Robert B. Reeve, M.D.
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Privacy Notification and Consent

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal healthcare information is protected for privacy. The Privacy Rule was also created to provide a standard for certain healthcare providers to obtain their patient's consent for uses and disclosures of health information to carry out treatment, payment, or healthcare operations.

We may have indirect treatment relationships with you, such as laboratories that only interact with physicians and not patients, and may have to disclose personal health information for purpose of treatment, payment, or healthcare operations. These entities are most often not required to obtain patient consent.

As our patient, we want you to know that we strive to always take reasonable precautions to respect and protect the privacy of your personal medical record. We provide minimum information to only those we feel are in need of your healthcare about treatment, payment, or healthcare operations, in order to provide healthcare that is in your best interest.

We support your full access to your personal medical record. You also may refuse to consent to the use of or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse treatment should you choose to refuse to disclose your personal health information (PHI). You may not revoke actions that have already been taken which relied on this or a previously signed document.

If you have objections to this form, please ask to speak to our HIPPA Compliance Officer. You have the right to review our policy notice, to request restrictions, & revoke consent in writing after you have reviewed our policy.

Name: _____ Signature: _____ Date: _____

Compliance Assurance Notifications to Our Patients

To our patients:

The misuse of personal health information (PHI) has been identified as a national problem causing patients inconvenience, aggravation and money. We want you to know that all of our employees, managers, and doctors continually undergo training so that they may understand and comply with government rules & regulations regarding the Health Insurance Portability Act (HIPPA) with particular emphasis on the "Privacy Rule".

We strive to achieve the very highest standards of ethics and integrity in performing services for our patients. It is our policy to properly determine appropriate uses of PHI in accordance with the government rules, laws & regulations. We want to ensure that our practice never contributes, in anyway, to the growing problem of improper disclosure of PHI.

We also know that we are not perfect. Because of this fact, our policy is to listen to our employees and our patients without any thoughts of penalization if they feel that an event in any way compromises our policy of integrity.

More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.

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Missed Appointment and Cancellation Policy

We would like to remind you of our policy regarding missed appointments. Our goal is to provide quality medical care in a timely manner. No shows, late shows and cancellations inconvenience those individuals who need access to medical care.

Cancellation of an Appointment

We understand that situations arise in which you must cancel your appointment. In order to be respectful of the medical needs of other patients it is requested that you provide our office with more than 24 hours notice of a cancellation. Appointments are in high demand, and your early cancellation will allow another patient access to timely medical care.

How to Cancel your Appointment

To cancel or reschedule your appointment please call the Chico office at 530-899-2244 or the Paradise office at 530-877-6583. If you do not reach a receptionist, please leave a detailed message that includes your name and phone number.

Appointments which are cancelled with less than 24 hours notification may be subject to a **\$20 cancellation fee**.

Missed Appointment Policy

Patients who do not show up for their appointment without a call to cancel will be considered as a no show. A **\$20 no show fee** may be charged.

Please sign that you read, understand and agree to the Cancellation and No Show Policy.

Patient Signature

Date

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NOTICE OF CONSENT

I, _____ hereby give my consent for the following person/people to pick up any prescriptions/samples, medical records/information, or speak with a nurse/doctor on my behalf regarding my medical condition.

Name

Relationship to Patient

Date

Name

Relationship to Patient

Date

Name

Relationship to Patient

Date

This consent remains in effect until the patient withdraws their permission by signing the bottom of this form.

Patient's Signature

Date: _____

DOB: _____

I am withdrawing my consent for the above person/people to act on my behalf.

Patient's Signature

Date: _____

DOB: _____