



Kindness to Prevent Blindness Eye Exam Authorization Form

Authorization: I authorize Kindness to Prevent Blindness (K2PB) & Boling Vision Center (Provider) to provide the following services for the named child (Patient) for whom I am the custodial parent or legal guardian for any necessary examination, consultation and treatment to be rendered to the below-named minor under the supervision of the Doctors employed by Boling Vision Center in my absence. This includes the use of drops to dilate the eyes for examination. Dilating eye drops contain medication to enlarge (dilate) the pupil of the eye. A large pupil allows the doctor to examine the inside of the eye in order to diagnose and treat underlying eye conditions. Also, relaxing the focusing muscles of the eye allows for more accurate measurement of refractive error (need for glasses) in children. Dilating eye drops used for examination of the eyes usually last from 4 to 24 hours, depending upon the strength of the drop and upon the individual patient. Pupil dilation tends to last longer in people with lighter-colored eyes, and occasionally a child's eyes may stay dilated for longer than 24 hours, as children require stronger and longer-lasting drops than do adults to accurately measure refractive error. Light sensitivity and blurry vision (especially for near tasks) may be noticed after dilation. Both of these side effects gradually disappear. Sunglasses may be helpful after a dilated eye exam. Children can return to school immediately following their examination, and teachers will be made aware of your child's temporary blurred vision while reading. Allergic reactions are rare with drops used for examination but could possibly include lid swelling and red eyes. Upon conclusion of my child's examination, his/her eye measurements will determine whether or not they have a need for glasses. Should my below-named child need glasses, I further authorize the doctor to provide corrective eyewear, if needed. Unless I have made pre-arrangements with my school nurse to attend, and am there at the time of service, services will be provided without my presence. Kindness to Prevent Blindness & Boling Vision Center for the purpose of appointment reminders.

Consent: I am the parent or legal guardian of the Patient. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) consenting to treatment for my child by Kindness to Prevent Blindness, (b) releasing Boling Vision Center, and Other Providers from all liability on my and the Patient's behalf, (c) waiving my and the Patient's right to sue the aforementioned entities. I agree to be bound by the terms of this document. I may withdraw this consent at any time in writing.

I have reviewed the Notice of Privacy Practices (NPP) below and consent to the release of my child's medical record information. I authorize release of such information by Provider to any responsible payor and/or administrative service provider and their subcontractors for use and disclosure relating to my child's treatment and health care operation purposes. I consent to the sharing of aggregated data (not individual data) regarding my child's eye exam and outcomes.

Patient/Student Last Name: _____ First Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Contact Phone: _____ Email: _____

Communication: Message and/or data fees may be charged by your wireless service provider; to discontinue, reply “STOP” to any message received from us. Your information will not be shared or sold to organizations outside the Kindness to Prevent Blindness Program or its Partners. By signing this Authorization Form, you also agree to receive pre-recorded and/or auto-dialed telephone calls relating to the Kindness to Prevent Blindness program at the land- line and/or mobile telephone numbers provided on this consent form. By signing this authorization form, you authorize the use of the above phone number and email to receive important reminders about my child’s eye exam.

HIPAA Notice of Privacy Practices (NPP): HIPAA is an acronym for “Health Insurance Portability and Accountability Act.” HIPAA was enacted to ensure the privacy and confidential handling of medical information for all patients in the U.S. It applies to all medical and mental health service providers.

How We Collect Information About You: Kindness to Prevent Blindness (K2PB) and its employees, service partners and volunteers collect data through a variety of means, including but not necessarily limited to: letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about patients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to provide you with health services which may require communication between K2PB and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need; or to obtain or purchase any type of medical supplies, devices, or medications.

If you apply or attempt to apply to receive assistance and/or services through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un- willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (K2PB.org) that simply records the number of visitors and no other data.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of K2PB. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Patients and/or their guardians will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client’s express advance permission. You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Contact info@k2pb.org or call 574-213-2118