





In keeping with our mission to provide the latest technology in caring for your eyesight, we offer two elective procedures-digital retinal imaging and laser glaucoma screening.

The **digital retinal camera** takes an image of the optic nerve and retina (the camera film at the back of the eye). The images are added to your medical records assisting your doctor in the early detection of glaucoma, diabetic retinopathy, macular degeneration, retinal tears or detachments, and other vision threatening conditions.

For most patients the doctor's view of the retina is limited by the small pupil size. We recommend digital retinal imaging should the dilation not be possible for you today. Both digital retinal imaging and dilation are helpful, though only dilation is medically necessary for routine eye exams and therefore included in the cost of the exam.

**Laser glaucoma screening** is done with the GDX-VCC, a laser that safely measures a portion of the retina known to be damaged in the early stages of glaucoma. This reading takes a couple of minutes, does not require dilation, and the results are immediately available. Allowing us to detect and begin treatment for glaucoma earlier reduces the chance of irreversible blindness.

The cost for each procedure is \$19.00 or \$38.00 for both. This is an additional, out of pocket expense, and is not covered by vision or medical insurance. Because of known risk factors we **strongly recommend** the tests for the following:

**Both Procedures**

- family history of glaucoma
- family history of diabetes
- over the age of 40

**Digital Retinal Imaging**

- headaches
- spots or flashes of light
- high cholesterol
- family history of high blood pressure
- new patient

**Laser Glaucoma Screening**

- African Americans over 30
- nearsightedness
- previous eye surgery or injury

\_\_\_\_\_ I elect to have these \$38.00 procedures  
\_\_\_\_\_ I decline these additional services

\_\_\_\_\_ I elect the \$19.00 digital retinal imaging  
\_\_\_\_\_ I elect the \$19.00 Laser glaucoma screening

**NOTICE OF YOUR PRIVACY RIGHTS AND PRACTICES**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Our practice may use the following information in the following manners:

1. Treatment, payment or health operations which may include filing of insurance claims.
2. Appointment reminder calls to your home, work or cell numbers or voice mail you have provided.
3. Appointment reminder postcards by mail.
4. Notification by phone or mail of our practice's marketing or promotional offers.
5. Phone calls pertaining to contact lens or glasses orders to phone numbers you have provided.

A complete notice of our privacy practices is posted in each exam room as well as the receptionist area. If you have any questions, please feel free to contract the receptionist or your doctor. If you agree to allow our practice to use your health information in the methods above, please check the appropriate box and sign and date below. If you disagree, please place a check in the appropriate box and sign and date. Thank You!

I **allow** Dr. McGregor and Associates to use my health information in the methods mentioned above.

I **do not allow** Dr. McGregor and Associates to use my health information for any reason.