

Colonial Optical

12911 120th Ave NE Kirkland, WA 98034 (425)821-1820

PUPIL DILATION

ABOUT PUPIL DILATION

The doctor's standard evaluation examines your retina- the most important area. However, when the pupil is small, we are unable to examine the sides of the eye. Therefore, many types of eye disease can remain hidden. Eye drops that widen the pupil allow the doctor to see the entire retina. This enables detection of **retinal holes, tears, detachments and tumors**, which can occur *without* symptoms.

DILATION IS RECOMMENDED IF:

This is your first eye examination or if your eyes haven't been dilated in over 2 years
You are highly near-sighted (if your prescription is over -5.00, dilation is strongly recommended)
You have diabetes or high blood pressure.
You have suffered a recent head or eye injury.
You have experienced the onset of "FLOATERS" or have seen "FLASHES OF LIGHT"
You have been smoking more than 5 years.

"WHAT HAPPENS WHEN I HAVE PUPIL DILATION?"

Dilation drops widen the pupil in about 15 minutes. Examination of the retina takes about 5 minutes. The drops wear off in about 3-4 hours. The doctor will supply you with complimentary sunglasses if needed. **Usually, your up close vision is affected** for 3-4 hours, but in some instances your distance vision is also affected. If this is the case, we would prefer to schedule dilation on a day you have a driver to take you home. The dilation drops do not adversely affect many people, but a few people feel their distance vision gets worse. **Your safety on the road is very important to us!**

PLEASE, CHECK THE APPROPRIATE BOX BELOW. If you have any questions regarding dilation, please ask the doctor.

YES, I agree to have pupil dilation.

YES, I agree to have pupil dilation, **JUST NOT TODAY.**

(if you have decided to have pupil dilation on a different day, you will need to **come back within 30 days.**)

NO, I have read the above and **decline** to have pupil dilation.

Allergy Note: Please inform the Doctor or Optician if:

You are allergic to any types of Novocain or topical numbing medications. You have had any bad reactions in the past, to dilation or at the dentist with numbing your mouth, etc.

SIGNATURE _____ DATE _____
PATIENT, PARENT OR GUARDIAN

PRINTED NAME _____ RELATION _____

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This notice describes how medical information about you may not be used and disclosed and how you can get access to this information. Please review it carefully.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or healthcare operations. Examples of how we use or disclose information for treatment purposes are: setting up and appointment for you; testing and examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Healthcare Operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for healthcare operations are: financial or billing audits; internal quality assurance; personal decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our offices, for these reasons, we will ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such as uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes such as contagious disease reporting, investigation or surveillance; and notices to and from the federal food and drug administration regarding drugs or medical devices;
- Disclosures to government authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of healthcare laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of court or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in a burial; or to organizations that handle organ donations;
- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety
- Uses or disclosures for specialized government functions, such as for the protection of the President or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the