

**U See LA Optometry – READ ONLY DOCUMENT-UCLA STUDENT**

**STATEMENT OF UNDERSTANDING AND AGREEMENT  
TO RECEIVE U SEE LA OPTOMETRY SERVICES: OVERVIEW**

Thank you for choosing U See LA Optometry where we provide Comprehensive Eye Exams, contact lenses, and spectacles for all patient needs. A Comprehensive Eye Exam will check your visual acuity, test for eye diseases and conditions, and evaluate the health of your retina and optic nerve.

- **Spectacle Lens Prescriptions:** You will be provided a spectacle lens prescription at the completion of your Comprehensive Eye Exam which can be used to purchase eyewear at U See LA Optometry or other eyecare providers.
- **Contact Lens Prescriptions:** Contact Lens Fittings and Evaluations are in addition to a Comprehensive Eye Exam and are required in order to obtain a contact lens prescription. **See Contact Lens Fitting and Evaluation and FAQ page (following) for details.**
- **Eye Health:** As part of your Comprehensive Eye Exam the optometrist will check the health of your eyes. It is highly recommended to have the pupils dilated during the examination. Dilation allows for the evaluation and detection of diseases (such as diabetes, hypertension, ocular melanomas etc.) on the retina that cannot be seen when pupils are in their normal state. There are alternatives to dilation, **see Optomap retinal image consent form (on your check-in clipboard or email link in advance of the visit) for more details.**
- **UCSHIP and VSP insurance benefits:** Both plans have a \$10 co-pay for a Comprehensive Eye Exam. Please see a U See LA staff member for explanation of other benefits for UCLA students (UCSHIP) or UCLA faculty/staff (UCLA VSP plan)
- **U See LA Optometry After Care:** U See LA Optometry is always available for any of your after-care needs, including any issues or opportunities with vision results, glasses and contact lens ordering, glasses repair and adjustments, explanation of benefits and other questions. See a U See LA Optometry staff member for more details.

**STATEMENT OF UNDERSTANDING AND AGREEMENT TO RECEIVE  
U SEE LA OPTOMETRY SERVICES: CONTACT LENS FITTING AND EVALUATION**

## **Why do I need a contact lens fitting and evaluation annually?**

- Addition to your Comprehensive Eye Exam. A contact lens fitting is an evaluation to ensure the proper contact lens safety, health, comfort, and correction for your specific lifestyle and vision needs. A contact lens fitting and evaluation may require more than one visit to ensure that your lenses fit you properly.

## **I'll be getting the same type of contact lenses that I've worn before; do I still need a contact lens fitting?**

- Yes, your doctor needs to evaluate the health of your eyes through a contact lens fitting and evaluation to ensure no complications have occurred from contact lens wear, complications may lead to serious medical conditions.

## **What is the cost of a Contact Lens Fitting and Evaluation?**

- **\$55 or 69\*** depending on lens type for most patients. Exceptions may include:
  - Additional \$30 for additional contact lens fittings
  - \$79 for colored contact lens fittings
  - \$89 for multifocal contact lens fittings
- A **\$25** contact lens training fee will be applied for new wearers

\*\$55 spherical correction, \$69 astigmatism correction.

**STATEMENT OF UNDERSTANDING AND AGREEMENT TO RECEIVE  
U SEE LA OPTOMETRY SERVICES: CONTACT LENS FITTING AND EVALUATION FAQ**

**Contact Lens Fittings:** We will make every effort to successfully fit you into CLs. You may elect at any time to discontinue the CL fitting. The fees for the materials, time and services expended cannot be exchanged or refunded if the CL fitting is discontinued. Please inquire about all CL fees prior to the exam.

**Contact Lens Prescriptions and Follow-up Appointments:** To ensure a healthy and proper contact lens fit, a CL fitting may not always be completed in one visit. A written CL prescription will be given after a proper CL fit and evaluation is determined. Because CLs are medical devices, you should have an annual CL evaluation unless earlier as recommended by the doctor. Follow-up visits completed within the 1<sup>st</sup> month after the initial eye exam is done at no charge. **Subsequent follow-up visit fees can range from \$20-\$30.** CLs prescribed from an outside doctor may be purchased at U See LA Optometry with a valid written prescription.

**Gas Permeable Lenses (GPs):** GPs are all custom-made CLs. Once ordered, the GPs are purchased and no refunds can be issued. Every effort is made to successfully fit the GPs on the first set of lenses, however, re-dos are common to better improve the fit and/or vision.

**Contact Lens Exchanges:** Exchanges of soft CLs can be made only for unopened re-sellable CL boxes that were purchased through U See LA Optometry. An \$8.00 restocking fee will apply and must be done within 14 days from the date of purchase. Exchanges are for power or material changes only. Original receipts and rebate forms need to be present. GP lenses have a 1-month manufacturer's warranty for defects. Original lens must be returned to the clinic for GP exchange.

**Risks of Contact Lens Wear:** CL wear has some associated risks (examples are pain, irritation, watering of the eyes, red eyes, allergies, sensitivity to light, blood vessel growth, and infection). Infection and blood vessel growth on the cornea can lead to scarring and potentially loss of vision. Daily wear contact lenses pose minimal risks, provided that conscientious and hygienic care is implemented (i.e. not over wearing or sleeping/napping in the contacts, and returning at the indicated intervals recommended by your doctor. Extended wear CLs have been shown to pose greater risks of ocular infection and both personal and professional care is additionally important. If any eye pain, discomfort, redness, tearing, severe light sensitivity to light or foggy vision occurs, remove all CLs IMMEDIATELY and report to your eye doctor or the nearest emergency room.

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**Privacy & Confidentiality Student**

The Ashe Center is committed to maintaining the privacy and confidentiality of all patient information. You have the right to privacy concerning your health care. All care and counseling received at the Ashe Center will be kept strictly confidential, except as required by law. Our Notice of Privacy Practices and policy on the Disclosure of Information are provided to acquaint you with your rights as a patient.

The Medical Records unit at the Ashe Center is responsible for the maintenance, disclosure and security of all Ashe Center medical records. The privacy of your medical record is safeguarded. Information is available to any clinician, attorney or medical with your written authorization. If you would like to disclose information contained in your medical record to a third party, you must complete a written Authorization to Release Information form and submit it to Medical Records.

You can print out a copy of the Authorization to Release Information by following the link, and mail it to: UCLA Ashe Medical Records, Box 951703, LA, CA 90095-1703.

**Effective Date: September 23, 2011 NOTICE OF**

**PRIVACY PRACTICES**

UNIVERSITY OF CALIFORNIA, LOS ANGELES ARTHUR ASHE STUDENT HEALTH AND WELLNESS CENTER (UCLA Ashe Center)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**UCLA Ashe Center**

The UCLA Ashe Center (Student Health Service) is one of the health care components of the University of California. The University of California health care components consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other UC health professions schools, the student health service areas, employee health units, and the administrative and operational units that are part of the health care components of the University of California.

The University of California is a teaching and research institution and health care teaching or research may take place in connection with health care provided by the Ashe Center. All patient care is overseen and supervised by an attending physician and provided by a team of health care professionals. Residents, fellows, students and graduate students of health care professions schools may participate in examinations or procedures and in the care of patients as a part of the health care education programs of the institution.

This notice applies to information and records regarding your health care maintained at UCLA Ashe Center.

**OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

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UCLA Ashe Center is committed to protecting medical information about you. We create a record of the care and services you receive at UCLA Ashe Center for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- make sure that your medical information is protected
- give you this Notice describing our legal duties and privacy practices with respect to medical information about you
- and follow the terms of the Notice that is currently in effect

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. UCLA Ashe Center abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may also share medical information about you with other UCLA Ashe Center personnel or non-UCLA Ashe Center providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside UCLA Ashe Center who may be involved in your continuing medical care after you leave UCLA Ashe Center such as other health care providers, transport companies, community agencies and family members.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at UCLA Ashe Center or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about surgery you received at UCLA Ashe Center so your health plan will pay us or reimburse you for the

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surgery. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for UCLA Ashe Center operations. These uses and disclosures are made for quality of care and medical staff activities, UCLA Ashe Center health sciences education, and other teaching programs. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of UCLA Ashe Center to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review medical information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at UCLA Ashe Center.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may contact you about benefits or services that we provide.

**Fundraising Activities.** We may contact you to provide information about UCLA Ashe Center sponsored activities, including fundraising programs and events. We would only use contact information, such as your name, address and phone number and the dates you received treatment or services at UCLA Ashe Center.

**News Gathering Activities.** A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed.

**Hospital Directory.** If you are hospitalized, we may include certain limited information about you in the hospital directory. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as ministers or rabbis, even if they don't ask for you by name. You may restrict or prohibit the use or disclosure of this information by notifying the UCLA Ashe Center Administrator of Records at UCLA Ashe Center, Box 951703, LA, CA 90095-1703.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who



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helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.

**Disaster Relief Efforts.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** The University of California is a research institution. All research projects conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of state and federal law.

On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. When approved through a special review process, other studies may be performed using your medical information without requiring your consent. These studies will not affect your treatment or welfare, and your medical information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

**As Required By Law.** We will disclose medical information about you when required to do so by federal or state law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

**Workers' Compensation.** We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health Disclosures.** We may disclose medical information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability
- reporting vital events such as births and deaths

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- reporting child abuse or neglect
- reporting adverse events or surveillance related to food, medications or defects or problems with products
- notifying persons of recalls, repairs or replacements of products they may be using
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

**Health Oversight Activities.** We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

**Legal Proceedings.** We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

**Law Enforcement.** If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- To identify or locate a suspect, fugitive, material witness, or missing person
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death suspected to be the result of criminal conduct
- About criminal conduct at UCLA Ashe Center
- and In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of UCLA Ashe Center to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.



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**Protective Services for the President and Others.** As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Your medical information is the property of UCLA Ashe Center. You have the following rights, however, regarding medical information we maintain about you:

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your medical information.

To inspect and/or to receive a copy of your medical information, you must submit your request in writing to:

UCLA Ashe Center Medical Records Box  
951703  
Los Angeles, CA 90095-1703

If you request a copy of the information, there is a fee for these services. You may get additional information on the Ashe Center website at [www.studenthealth.ucla.edu](http://www.studenthealth.ucla.edu) under About Us.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UCLA Ashe Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request an Amendment or Addendum.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for UCLA Ashe Center.

**Amendment.** To request an amendment, your request must be made in writing and submitted to:

UCLA Ashe Center Administrator of Records Box  
951703  
Los Angeles, CA 90095-1703

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

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- Was not created by UCLA Ashe Center
- Is not part of the medical information kept by or for UCLA Ashe Center
- Is not part of the information which you would be permitted to inspect and copy
- or is accurate and complete in the record.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to:

UCLA Ashe Center Administrator of Records Box  
951703  
Los Angeles, CA 90095-1703

An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

**Right to an Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to: UCLA

Ashe Center Administrator of Records  
Box 951703  
Los Angeles, CA 90095-1703

Your request must state a time period that may not be longer than the six previous years and may not include dates before April 14, 2003. You are entitled to one accounting within any 12- month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had.

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In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

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**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential communications, you must make your request in writing to: UCLA Ashe

Center Administrator of Records  
Box 951703  
Los Angeles, CA 90095-1703

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

**CHANGES TO UC\_HS' PRIVACY PRACTICES AND THIS NOTICE**

We reserve the right to change UCLA Ashe Center's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at UCLA Ashe Center. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current Notice in effect.

**QUESTIONS OR COMPLAINTS**

If you have any questions about this Notice, please contact:

Kate Mulligan  
UCLA Ashe Center  
Box 951703  
Los Angeles, CA 90095-1703  
[kmulligan@ashe.ucla.edu](mailto:kmulligan@ashe.ucla.edu)

If you believe your privacy rights have been violated, you may file a complaint with UCLA Ashe Center. To file a written complaint with UCLA Ashe Center, contact:

Kate Mulligan  
UCLA Ashe Center Box  
951703  
Los Angeles, CA 90095-1703  
[kmulligan@ashe.ucla.edu](mailto:kmulligan@ashe.ucla.edu)

You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose medical

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information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

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