



Greetings from the Watson Dry Eye Center Team!

Thank you for making an appointment with Dr. Susan Watson. We look forward to providing you with a personalized care plan and the latest in diagnostic and treatment equipment for all of your dry eye concerns.

Your first appointment will be very thorough so please allow *at least* 2 ½ hours for this visit. In this email, we have provided a few forms that you can complete prior to your appointment. Feel free to email them back or bring to your first visit with all of the requested products and medications.

Since certain products can interfere with our diagnostic testing and treatment results, there are a few things that you will need to do **the night before** your first visit:

- Gather and bring all **prescription and non-prescription medications** with you in their original packaging. This includes any supplements, fish oil, or omega-3 products. It is important that we see all of the ingredients that are listed.
- Do not use any **eye ointments** the night before, or the day of, your appointment. It is very important that you do not use any prescription or non-prescription **eye drops** on the day of your appointment. You can use them after your visit. Gather and bring these as well, including any that you may have used in the past.
- Do not apply or wear any **eye makeup or oil-based face products** into your visit.
- Thoroughly remove all eye makeup before going to bed and bring your makeup remover product(s) with you to your visit.
- Gather and bring any **creams or lotions** that you use to treat, clean, or hydrate your face in the morning, during the day, or at night.
- Remove your **contact lenses** the night before and leave them out for your visit. You may wear them after your visit is completed.

If you have any questions while completing your paperwork, please do not hesitate to respond to this email or give us a call. We are always here to help.

Watson Dry Eye Center
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Raleigh, NC 27614
(252) 231-0424
www.watsondryeyecenter.com

Notice of Privacy Practices

Watson Dry Eye Center, PA

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Your Rights Under The Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time, and to make the new Notice provisions effective for all PHI that we maintain. We will provide you with a revised Notice if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location in the practice, and if such is maintained, on the practice's web site.

You have the right to authorize other use and disclosure - This means you have the right to authorize any use or disclosure of PHI that is not described within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication - This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, fax, telephone), and/or to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

You have the right to inspect and obtain a copy your PHI - This means you may submit a written request to inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable, cost-based fee for paper or electronic copies as established by federal guidelines. In most cases, we will provide requested copies within 30 days.

You have the right to request a restriction of your PHI - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

You have the right to request an amendment to your protected health information - This means you may submit a written request to amend your PHI for as long as we maintain this information. In certain cases, we may deny your request.

You have the right to request a disclosure accountability - You may request a listing of disclosures we have made of your PHI to entities or persons outside of our practice except for those made upon your request, or for purposes of treatment, payment or healthcare operations. We will not charge a fee for the first accounting provided in a 12-month period.

You have the right to receive a privacy breach notice - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

If you have questions regarding your privacy rights or would like to submit a written request, please feel free to contact our Privacy Manager. Contact information is provided on the following page under Privacy Complaints. page 1 of 2

How We May Use or Disclose Protected Health Information

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

Treatment - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

Payment - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services, we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

Healthcare Operations - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

Special Notices - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests, to provide information that describes or recommends treatment alternatives regarding your care, or to provide information about health-related benefits and services offered by our office.

We may contact you regarding fundraising activities, but you will have the right to opt out of receiving further fundraising communications. Each fundraising notice will include instructions for opting out.

Health Information Organization - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

To Others Involved in Your Healthcare - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of PHI (e.g., in a disaster relief situation), then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures - We are also permitted to use or disclose your PHI without your written authorization, or providing you an opportunity to object, for the following purposes: if required by state or federal law; for public health activities and safety issues (e.g. a product recall); for health oversight activities; in cases of abuse, neglect, or domestic violence; to avert a serious threat to health or safety; for research purposes; in response to a court or administrative order, and subpoenas that meet certain requirements; to a coroner, medical examiner or funeral director; to respond to organ and tissue donation requests; to address worker's compensation, law enforcement and certain other government requests, and for specialized government functions (e.g., military, national security, etc.); with respect to a group health plan, to disclose information to the health plan sponsor for plan administration; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Privacy Complaints

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Manager at:

Watson Dry Eye Center, 11081 Forest Pines Drive, Raleigh, North Carolina 27614

We will not retaliate against you for filing a complaint.

Effective Date 08/03/2017



Patient Information Form

Patient Name _____

Birth Date _____ Marital Status _____ Gender M F

Contact Name _____ Phone _____ Relationship _____

Power of Attorney Guarantor on Health Insurance Plan: *please provide Birth Date* _____

Can we discuss your diagnosis and treatment plan with the contact person you have listed? Yes No

Eye Care Provider _____

Practice & Location _____

Primary Care Physician _____

Practice & Location _____

Pharmacy Name & Location _____

As a specialty Ophthalmology practice, Dr. Susan Watson only treats Ocular Surface and Dry Eye Disease. You will continue to see your Eye Care Provider for all other vision or eye-related issues. For this reason, we will communicate your diagnosis and treatment plan with your Eye Care Provider and with your Primary Care Physician.

Please initial here that you have been offered a copy of our Notice of Privacy Practices today: _____

At Watson Dry Eye Center some of our procedures and diagnostic tests are not yet covered by traditional health insurance plans or by Medicare. Nevertheless, Dr. Watson is committed to offering patients EVERY option to choose the level of care and relief they seek, regardless of what their health care plan covers. Watson Dry Eye Center will bill all covered services to your health insurance plan and you will be responsible for any non-covered charges, Specialty copays, coinsurance, and deductibles due at the time of service. Our New Patient Evaluation includes both covered services, with your Specialty copay, as well as three diagnostic tests, which are non-covered:

Omega-3 Index Testing	\$50.00	
LipiView II® Lipid Layer Imaging	\$45.00	
LipiView II® Dynamic Meibomian Imaging	\$45.00	Total \$140.00

Patient Attestation:

I acknowledge that Dry Eye Disease is a chronic and progressive disease that requires a consistent and complete treatment plan. I also understand that regular follow-up appointments with Dr. Susan Watson are extremely important and part of my responsibility in managing my Dry Eye Disease.

Signature

Date



	Skin Type
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Skin Type Assessment

Date : _____ Patient Name : _____ Birth Date : _____

<i>Please Circle Your Answer</i>	0	1	2	3	4	Score
What color are your eyes?	Light Blue, Gray, Green	Blue, Gray, Green	Blue	Dark Brown	Brownish Black	
What is your natural hair color?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black	
What color is your skin on unexposed areas?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	
Total Score for Genetic Predisposition						

<i>Please Circle Your Answer</i>	0	1	2	3	4	Score
What happens when you stay in the sun too long?	Painful Redness, Blistering, Peeling	Blistering, Followed by Peeling	Burns Sometimes, Followed by Peeling	Rarely Burns	Never Have I Burned	
To what degree do you turn brown?	Hardly or Never	Light-Colored Tan	Reasonable Tan	I Tan Very Easily	Turn Dark Brown Quickly	
Do you turn brown within several hours of exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never Had Any Problem	
Total Score for Sun Exposure						

<i>Please Circle Your Answer</i>	0	1	2	3	4	Score
When did you last expose your body to the sun, artificial sun lamp, or self-tanning cream?	More Than 3 Months Ago	2-3 Months Ago	1-2 Months Ago	Less Than a Month Ago	Less Than 2 Weeks Ago	
Did you expose your face to any of these also?	Never	Hardly Ever	Sometimes	Often	Always	
Total Score for Tanning Habits						

For Internal Use

Skin Type Score	
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Skin Type Score	Skin Type
0 - 7	I
8 - 16	II
17 - 25	III
25 - 30	IV
> 31	V
> 31 & Never Burns	VI