

MIAMI LIGHTHOUSE HEIKEN CHILDREN'S VISION PROGRAM

601 Southwest 8th Avenue

Miami, FL 33130

Phone: (305) 856-9830 Fax: (305) 856-9840

www.miamilighthouse.org

Dear Principal,

The Heiken Children's Vision Program was established by the Dade County Optometric Association in 1992 in memory of Dr. Bruce Heiken, and has since provided more than 20,000 free eye examinations and eyeglasses to school children with financial hardship that fail the Miami-Dade County Public School Vision Screenings. With the recent acquisition of Heiken by The Miami Lighthouse, these life-changing services will continue to grow and expand into the future.

As part of the Miami Lighthouse Heiken Children's Vision Program, our mobile bus or van will visit your school at a pre-scheduled time, allowing 15-25 children to be examined by an optometric physician. A few weeks later the eyeglasses for those students needing them will be delivered. Any student not having insurance that covers eye care, qualifies for our program. Students found to have insurance, will be referred to a Miami Lighthouse Heiken Children's Vision Program doctor that accepts their insurance. Counselors will be notified with this information.

After submitting your completed referral forms, and verifying eligibility, we will contact you to schedule a day for our bus or van to visit your school. If you have less than 5 students who qualify for our program or any special needs students (i.e. students who cannot retain attention for greater than 10 minutes, do not know their letters or numbers, are verbally unresponsive, or have a complicated vision history), we will be happy to have them seen in one of our participating doctor's private offices near their homes.

Remember: As 80% of what a child perceives, comprehends, and remembers depends on the visual system, it is imperative that all children have the gift of good sight.

We look forward to working with you in the near future.

Sincerely,

The Heiken Team

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**INSTANT VISION PROGRAM
SCHOOL MANUAL**

Revised 8/28/2009

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** Please make sure that when copying the consent forms you include BOTH SIDES.

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Miami Lighthouse Heiken Children's Vision Program - Instant Vision Program

- The Instant Vision Program at your school provides an efficient and comprehensive way to service the most students in the least amount of time. After we receive at least 10 completed referral forms, we schedule the Instant Vision Bus or Van to visit your school. On the scheduled date, an optometrist and a technician will administer eye examinations and fit for eyeglasses. The glasses will be delivered to your school 2-3 weeks later. The program can serve 15-25 students in a school day, but there MUST be a school official present at all times during the examinations to help monitor the students. Please advise the teachers that the students will be out of class for about an hour each, and that when they return, their near vision will be blurred for a few hours and they will be sensitive to light. Please make sure there are no tests, field trips, or fire drills scheduled on the days we visit. Also, we suggest that students who have early lunch or take the bus be seen as early in the day as possible.

If the Vision Bus will be visiting your school:

- Please make sure there is an easily accessible area for the bus to enter and exit without difficulty. Parking for the bus, should be in a shaded area and on solid ground, as the students will be waiting outside of the bus for their examination. If the bus can park in an area where there is a shelter, or overhang covering, that would be ideal.
- The bus will be arriving between 8:00 - 8:30 AM; please have someone available to open any gates.
- Please have a school official available to monitor the students at all times. They will be waiting outside and our staff will be on the bus conducting the exams, and they cannot supervise the students waiting. We also recommend having an additional runner to take the children to and from the examination area.

If the Vision Van will be visiting your school:

- There will be portable examination equipment being used. The van will arrive between 8:00 and 8:30 A.M. to set up; please make sure someone is available to open any gates and the room being used for examinations.
- Make sure there is a room large enough to hold a check-in area, examination area (at least 10 foot span), a waiting area, and where lights can be turned on and off. There must be available electrical outlets, tables, and chairs for the students as well as working air conditioning. A quiet room (i.e. not in the cafeteria) would be ideal to minimize distractions for the students.
- Please make sure that the rooms are reserved in advance and the teachers are notified of its use.
- Please have a school official available to monitor the students at all times. We also recommend having an additional runner to take the children to and from the examination area.

Scheduling Procedures

- Send home consent forms for all those students who fail the vision screening to be fully filled out and signed. Please make sure all written information is legible. If there is any information missing, please contact the parent to complete it.
- Once you have your consent forms returned, please fax the **back** portion of all forms to our office (the side with the parent consent signature) using the **INSTANT VISION PROGRAM** fax cover sheet. Please save the originals and give them to the technician on the day of the visit.
- These students will be submitted for eligibility verification. Once eligibility is confirmed, we will call you to schedule a visit. For those students that are found to have insurance that covers eye care, we will fax you this information with a list of doctors in the area that are on their insurance panel to schedule an eye exam with.
- If any of the students require specialized care (i.e., they have special needs, they cannot hold attention for more than 10 minutes, or have a complicated ocular history) please fax these consent forms separately using the IN-OFFICE PROGRAM cover sheet, and we will refer them to our In-Office Program.

Please ask all students who already wear glasses to bring them to their exam. Also, keep in mind that we are there to see those students that fail the vision screening. We will be unable, because of legal purposes, to examine any emergency cases (i.e. pink eye) or staff. We will be happy to provide you with the names and contact information of a local optometrist or ophthalmologist for those cases.

After each school visit you will be given a satisfaction survey. Please fill this out as honestly and completely as possible so that we can continue to provide the best quality care possible to the students. These are to be faxed back to our office to be reviewed by our Quality Assurance Officer.

Miami Lighthouse Heiken Children's Vision Program – In Office Program

If you have less than 5 students in need of eye care that meet eligibility requirements, or any special needs students, we will be happy to schedule them to see our participating doctors in their private offices, as close to their homes as possible.

Scheduling Procedures

- Please fax the completed consent forms to us, using the IN-OFFICE PROGRAM fax cover sheet, and the doctor's office will notify the parents directly to schedule an appointment. We will also send you the doctor's office contact information to give to the parents. For those students that are found to have insurance that covers eye care, we will fax you this information with a list of doctors in the area that are on their insurance panel to schedule an eye exam with

After each student is examined, the parent will be given a satisfaction survey which will be returned to the child's teacher. Please fax these back to our office once received, to be reviewed by our Quality Assurance Officer.

Scheduling Information

To schedule a school visit, please call the Heiken Program Coordinator:

Carmen Arguijo

Email: carguijo@miamilighthouse.org

Phone: (305) 856-9830

Fax: (305) 856-9840

Quality Assurance Information

If there are any quality assurance issues or questions you would like to discuss, please contact our Quality Assurance Officer:

Dr. Rosemary A. Gonzalez

Email: heikenqao@miamilighthouse.org

Phone: 786-362-7469

Phone and email messages are retrieved and will be returned on Friday mornings.

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PATIENT RIGHTS AND RESPONSIBILITIES

The physicians, employees, and staff who are involved in providing vision care services to you, sincerely believe in providing the highest quality of care and services available. We will always try to communicate with our patients, and to address their questions and concerns in a direct, informative way, while offering appropriate explanations and viable choices.

Patient Responsibilities

- Keep all appointments and, when unable to do so for any reason, promptly notify your eye care provider and facility involved
- Provide accurate, complete, and honest information about present vision problems, past illnesses, hospitalizations, medications, and other matters that relate to your eye care needs
- Treat your eye care provider/staff/facility with respect and consideration and conduct yourself with decorum.
- Be considerate of the rights of other patients in the facility and assist in controlling noise and/or other disruptions
- Be respectful of the property of other patients in the facility
- Report any unexpected changes in your condition
- Ask questions if you do not understand your treatment or what is expected of you
- Follow the treatment plan recommended by your eye care provider
- Patients will complete a satisfaction survey so as to help the MLHCVP provide the best quality care

Patient Rights

- Receive available vision care services regardless of race, color, sex, or national origin
- Always be treated with courtesy and respect, dignity and regard
- Know what benefits you are due and what your responsibilities are for those benefits
- Know who is providing your vision care services
- Expect reasonable confidence, comfort, and safety in your environment
- Receive full information concerning the evaluation of your vision care needs
- Receive prompt answers to your questions and/or requests
- Refuse any treatment, except as otherwise provided by law
- Receive an explanation if there is a need for referral to another vision care provider or medical care provider
- Report any complaints you may have about the quality of vision care you receive
- Request privacy information regarding your personal and vision care information within the normal guidelines of the law
- Have your records released to the professional person of your choice for any appropriate continuing care

School Responsibilities

- Health Connect and/or MDCPS Comprehensive Health Services will conduct vision screenings of students in grades K, 1, 3, 6, and 10
- Schools will promptly distribute consent forms to all students who fail the vision screening and encourage the students to return completed forms
- Schools will return these forms as quickly as possible to the MLHCVP and set up a school visit and/or request in-office appointments
- Any student that has had a complicated ocular history (i.e., previous surgeries, blindness), cannot hold their attention for more than 10 minutes, or has special needs, should be referred to the In-Office Program. Please fax these consent forms separately and they will be referred to a local doctor in the In-Office Program
- For the visit date, the school must provide someone to monitor the students at all times; our staff cannot conduct the exams and monitor the students
- School officials involved in the school visit will complete a survey and return it to the MLHCVP so we can continue to provide the best possible care to the students of MDCPS.

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DERECHOS Y RESPONSABILIDADES DEL PACIENTE

Los médicos, empleados y staff que están involucrados en la prestación de servicios de cuidado de la visión, creen sinceramente en la prestación de la más alta calidad de atención y servicios disponibles. Siempre trataremos de comunicarnos con nuestros pacientes, para hacer frente a sus preguntas y preocupaciones de forma directa e informativa, al tiempo que ofreceremos explicaciones adecuadas y opciones viables.

Responsabilidades del Paciente

- Asista a todas sus citas y, cuando por alguna razón no pueda hacerlo, notifique lo antes posible a su proveedor de cuidado de la visión y al lugar donde tenga la cita.
- Proporcione información precisa, completa y honesta sobre sus problemas de visión actuales, enfermedades pasadas, hospitalizaciones, medicamentos y otros asuntos que se relacionen con las necesidades de cuidado de la vista.
- Trate a su proveedor de cuidado de la vista, al personal y a la instalación con respeto y consideración y compórtese con decoro.
- Sea considerado con el derecho de otros pacientes en las instalaciones y ayude a mantener un nivel de ruido aceptable.
- Sea respetuoso de las pertenencias de otros pacientes en las instalaciones.
- Reporte cualquier cambio inesperado en su condición.
- Haga preguntas si no entiende su tratamiento o lo que se espera de usted.
- Siga el plan de tratamiento recomendado por su proveedor de cuidado de la visión.
- Los pacientes completarán una encuesta de satisfacción a fin de ayudar a MLHCVP (Miami Lighthouse Heiken Children Vision Program) a proporcionar la mejor calidad de atención.

Derechos del Paciente

- Recibir los servicios de atención de visión disponibles, independientemente de su raza, color, sexo, o país de origen.
- Ser tratado siempre con cortesía, respeto, dignidad y cuidado.
- Ser informado de los beneficios a los que puede acceder y cuáles son sus responsabilidades para acceder a tales beneficios.
- Ser informado de quien proporcionará sus servicios de cuidados de la vista.
- Esperar un entorno de confianza, comodidad y seguridad razonables.
- Recibir toda la información relativa a la evaluación de sus necesidades de cuidado en la visión.
- Recibir pronta respuesta a sus inquietudes, preguntas o solicitudes.
- Rechazar cualquier tratamiento, excepto que la ley disponga lo contrario.
- Recibir una explicación si es necesario referirlo a otro proveedor de cuidado de la visión o de atención médica.
- Informe cualquier queja que usted pueda tener acerca de la calidad del cuidado de la visión que usted recibe.
- Solicitar información confidencial acerca de sus archivos personales y de visión, de acuerdo a lo permitido por la ley.

- Traspasar a sus registros médicos al profesional de su elección, para cualquier cuidado posterior adecuado.

Responsabilidades de la Escuela

- “Health Connect” y/ o el MDCPS de servicios integrales de salud llevará a cabo exámenes de la vista a estudiantes de K, 1º, 3er, 6to, y 10º grado.
- Las escuelas distribuirán adecuadamente los formularios de consentimiento a todos los estudiantes que no hayan pasando los exámenes de la vista, y los alentarán a regresarlos completados.
- Las escuelas regresarán estos formularios tan pronto como sea posible al MLHCVP (Miami Lighthouse Heiken Children Vision Program) y se establecerá una visita a la escuela y / o solicitarán una cita en las oficinas.
- Cualquier estudiante que haya tenido un historial ocular complicado (cirugías anteriores, ceguera), que no pueda mantener su atención durante más de 10 minutos, o que tenga necesidades especiales, debe dirigirse al Programa In-Office. Por favor, faxee estos formularios de consentimiento por separado y se les harán llegar a un médico local dentro del Programa In-Office.
- Para la fecha de la visita, la escuela debe proporcionar a alguien para monitorear a los estudiantes en todo momento, nuestro personal no puede llevar a cabo los exámenes y monitorear a los estudiantes.
- Los funcionarios escolares involucrados en la visita escolar completarán una encuesta y tendrán que devolverla al MLHCVP (Miami Lighthouse Heiken Children Vision Program) para que podamos seguir prestando la mejor atención posible a los estudiantes de MDCPS.

PWOGRAM MIAMI LIGHTHOUSE HEIKEN CHILDREN'S VISION

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DWA AK RESPONSABLITE PASYAN YO GENYEN

Ni doktè, ni anplwaye, ni ekip ki la pou ba ou sèvis swen pou pwoblèm je, yo tout kwè ak tout kè yo pou yo bay pi bon kalite swen ak sèvis ki genyen. N ap toujou chèche kominike ak pasyan nou yo, epi n ap chèche reponn kesyon yo genyen, pale de bagay ki enkyete yo yon fason ki dirèk, etan n ap ba yo bon jan esplikasyon pou ede yo fè bon chwa.

Responsablite pasyan yo

- Ale nan tout randevou e, lè ou pa kab ale nan yon randevou pou nenpòt ki rezon, fè moun k ap bay swen je yo ak lokal la konn sa byen vit
- Bay enfòmasyon egzak ki konplè epi ki laverite, sou pwoblèm je ou genyen kounye a, sou maladi ki deja pase, sou lè w te entène lopital, sou medikaman ak lòt bagay ki konsène pwoblèm je ou genyen
- Montre respè ak konsiderasyon pou moun, pou ekip oswa pou sant k ap okipe trete pwoblèm je ou a, epi konpòte w byen
- Sonje dwa lòt pasyan ki anndan an epi bay kout men pa w nan kontwole bri k ap fèt ak lòt konpòtman latwoublay
- Respekte bagay lòt pasyan ki anndan an
- Rapòte tout chanjman sanzatann ki rive nan ka pa w la
- Poze kesyon si w pa konprann tretman y ap ba ou a oswa si w pa konprann sa yo vle w fè a
- Suiv plan tretman responsab swen je w la rekòmande a
- Pasyan yo ap gen pou yo konplete yon sondaj sou satisfaksyon yo, yon fason pou ede MLHCVP bay pi bon kalite swen ki genyen

Dwa pasyan yo

- Resevwa sèvis swen ki disponib pou pwoblèm je yo, san sa pa chita sou kesyon ras, koulè, fi oubyen gason, oswa nan ki peyi moun nan soti
- Pou moun toujou trete yo ak respè, bon akèy, diyite ak konsiderasyon
- Konnen ki avantaj ou fèt pou w jwenn epi ki responsablite w pou w kapab jwenn avantaj sa yo
- Konnen kilès k ap ba ou sèvis swen pou je w la
- Espere jwenn moun ki pa pral pale afè w, yon kote ou santi w alèz epi w an sekirite
- Jwenn tout enfòmasyon sou evalyasyon yo fè konsènan bezwen ou genyen pou swen je ou
- Jwenn repons san pèdi tan pou kesyon ou poze oswa pou demann ou fè
- Refize nenpòt tretman, esepite nan ka kote lalwa di lekòtrè
- Resevwa eksplikasyon sizanka ta gen nesesite pou yo refere ou al jwenn yon lòt responsab swen je oswa yon lòt responsab swen medikal
- Rapòte tout plent ou vle fè sou kalite swen pou je ou resevwa
- Mande enfòmasyon sou ki jan yo trete enfòmasyon prive ki konsène enfòmasyon pèsònèlman ou ak enfòmasyon sou swen ou resevwa, dapre regleman lalwa

- Fè yo voye dosye ou bay nenpòt lòt pwofesyonèl ou chwazi pou kontinye ba w swen ou bezwen an

Responsablite lekòl la

- Health Connect ansanm ak MDCPS Comprehensive Health Services ap fè yon tès je pou elèv kin an klas kindègadenn, 1yè ane, 3yèm ane, 6yèm ane, and 10yèm ane
- Lekòl yo ap distribiye yon fòm konsantman san pèdi tan, bay tout elèv ki pa pase tès je a epi y ap ankouraje timoun yo pou yo retounen ak fòm yo ranpli
- Lekòl yo ap voye fòm sa yo pi vit posib bay MLHCVP epi y ap fikse yon dat pou vizit fèt nan lekòl la oswa y ap pran randevou pou elèv yo ale nan biwo MLHCVP
- Nenpòt ki elèv ki te gen pwoblèm konplike nan je (sa vle, yo te fè operasyon, yo avèg), nenpòt sa ki pa kab pote atansyon fiks sou yon bagay pandan plis pase 10 minit, oswa ki gen bezwen espesyal, yo ta dwe refere yo nan pwogram pou ale nan biwo medikal la. Tanpri, voye fòm konsantman sa yo pa faks apa, pou yo ka refere elèv sa yo bay yon doktè lokal nan kad Pwogram nan ki voye timoun al konsilte kay doktè
- Kanta pou dat vizit la, lekòl la dwe gen yon moun ki kab veye sou elèv yo tout tan; ekip nou genyen an pa kab fè egzamen yo an menm tan y ap veye sou elèv yo
- Responsab nan lekòl yo ki konsène nan vizit lekòl la, va ranpli yon sondaj epi yo va voye l tounen bay MLHCVP, yon fason pou nou kab kontinye bay pi bon swen posib pou elèv MDCPS yo.

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PRIVACY PRACTICES

The Miami Lighthouse Heiken Children's Vision Program respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. This policy describes how we protect the confidentiality of the protected health information we receive.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- The Miami Lighthouse Heiken Children's Vision Program maintains a comprehensive system to ensure compliance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Since our goal is to provide the highest level of service to Miami Dade County Public School Students, we want you to know that the Miami Lighthouse Heiken Children's Vision Program complies with the HIPAA directives. Our HIPAA privacy Policy contains procedures addressing the protection, use and disclosure of protected health information ("PHI"), accounting of disclosures, access by individuals and third parties to PHI, protection of PHI by contractors, business associate agreements and training of employees.

How We Protect Personal Information

- We treat personal information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide support services to MDCPS students. These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable laws. We employ strict physical, electronic and procedural security standards to protect personal information and maintain internal procedures to promote the integrity and accuracy of that information.
- All personal information and examination reports are kept in locked file cabinets within a locked office. Files are checked out by staff with access to these files and are returned prior to the close of each business day. All files are in their assigned file cabinet at the end of business each day. Each file cabinet and the office that contains them is locked prior to the departure of staff each day. During normal business hours, staff will close and lock the door to the file storage area when it is not in use. Documentation of all staff members with access keys to this room will remain on file.
- Staff of the Miami Lighthouse Heiken Children's Vision Program will restrict conversations involving personal information to offices or closed general meetings of the staff. If visitors are present during general meetings the information will be held for a later meeting or the visitors may be excused so as not to disclose confidential information. Staff will not engage in confidential discussions in the hallways, restrooms, lunchrooms, classrooms, gardens or other public, common areas. Staff violating this policy will be disciplined up to and including termination.

Disclosure of Personal Information

- We may use or disclose protected health information to the Miami Dade County Public Schools Programs and medical professionals involved in our referral procedures. We may use or disclose protected health information when reporting to other agencies/organizations. Disclosure of protected health information to other medical professionals is done on a “need to know” basis for the sole purpose of referring for specialized treatment. Disclosure to other agencies/organizations is done following recommended reporting requirements. At no time will the Miami Lighthouse Heiken Children’s Vision Program disclose any personal information to the general public or any other entity. We may also disclose information as required by law.
- The Miami Lighthouse Heiken Children’s Vision Program will not permit staff to disclose personal information via the Internet, e-mail, or other electronic forms that are not guaranteed secure. The Agency will permit the use of facsimile machines to transmit information as well as regular mail services via the U.S. Postal Service or other carrier that may be engaged.

Individual Rights to Access and Correct Personal Information

- We have procedures in place for individuals to have access to protected health information, and procedures in place to ensure the integrity of our information and for the timely correction of incorrect information.

Further Information

- The Miami Lighthouse Heiken Children’s Vision Program may find it necessary to revise and update its HIPAA Privacy Policy from time to time as changes to the privacy regulations emerge, and will communicate any such changes to Miami Dade County Public School System and our partnered agencies.

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El programa de visión infantil Heiken de Miami Lighthouse respeta la privacidad de la información privada de salud, y entiende la importancia de mantener esta información confidencial y segura. Esta política describe de qué manera protegemos la confidencialidad de la información privada de salud que recibimos.

Portabilidad del Seguro de Salud y Acta de Responsabilidad de 1996. (PSSAR) Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- El programa de visión Infantil Heiken de Miami Lighthouse mantiene un sistema global para asegurar el cumplimiento con las disposiciones aplicables de Portabilidad del Seguro de Salud y Acta de Responsabilidad de 1996 (PSSAR). Dado que nuestro objetivo es proporcionar el más alto nivel de servicio a estudiantes de las escuelas públicas dentro del área de Miami, queremos que sepa que el Programa de Visión Infantil Heiken de Miami Lighthouse cumple con las directivas de PSSAR. Nuestra política de privacidad PSSAR contiene los procedimientos en cuanto a la protección, uso y divulgación de información de salud protegida (ISP), responsabilidad de las revelaciones, el acceso de las personas y de terceros a la ISP, la protección de su ISP por parte de contratistas, acuerdos con empresas asociadas y la capacitación de empleados.

Cómo Protegemos la Información Personal

- Tratamos la información personal de forma segura y confidencial. Limitamos el acceso a la información personal únicamente a aquellas personas que necesitan saber esta información para prestar servicios de apoyo a los estudiantes de escuelas públicas de Miami. Estas personas están capacitadas con respecto a la importancia de resguardar esta información y deben cumplir con nuestros procedimientos y con las leyes aplicables. Empleamos estrictos estándares de seguridad y procedimientos físicos y electrónicos para proteger la información personal y mantenemos procedimientos internos para promover la integridad y exactitud de dicha información.
- Todos los datos personales y los reportes de exámenes se mantienen guardados bajo llave en gabinetes de archivo dentro de una oficina también bajo llave. Los archivos son chequeados únicamente por el personal que tiene acceso a ellos y son devueltos antes del término de cada jornada laboral. Todos los archivos son guardados en su gabinete correspondiente al final de cada día. Cada gabinete y la oficina que los contiene, son cerrados con llave antes de la salida del personal. Durante el horario normal de oficina, el personal cerrará y asegurará la puerta que da al área de almacenamiento de los archivos cuando no estén en uso. La documentación de todos los funcionarios con acceso a llaves de esta área se mantendrá en archivada.
- El personal del programa de visión Infantil Heiken de Miami Lighthouse restringirá las conversaciones que impliquen datos personales solamente al área de su oficina o en reuniones de su personal. Si se encuentran visitantes presentes durante alguna reunión, la información no se revelará y se dejara para una sesión posterior y los visitantes podrán recibirán excusas por no revelar información confidencial. El personal se compromete a no involucrarse en discusiones confidenciales en los pasillos, baños, comedores, aulas,

jardines u otras zonas comunes. El empleado que no respete y viole esta política, será sancionado incluyendo el despido.

Revelación de información personal

- Podríamos usar o revelar información de salud protegida para el programa de Miami Dade County Public Schools y profesionales de la medicina que participan en nuestros procedimientos de referidos. Podemos usar o revelar información de salud protegida al informar a otras agencias u organizaciones. Revelación de información de salud protegida a otros profesionales de la medicina se hace en una "necesidad de conocer" con el único propósito de referencia para tratamientos especializados. La revelación a otros organismos y organizaciones se efectúa siguiendo los requerimientos de notificación. En ningún momento el Programa de Visión Infantil Heiken de Miami Lighthouse revelará cualquier información personal a público en general o a cualquier otra entidad. Podríamos también llegar a revelar información como es requerido por la ley.
- El Programa de Visión Infantil Heiken de Miami Lighthouse no permitirá al personal divulgar información personal a través de Internet, correo electrónico, u otros formularios electrónicos que no garantizan seguridad. La agencia permitirá el uso de aparatos de fax para transmitir información, así como el servicio regular de correo a través del Servicio Postal de los EE.UU. u otra compañía.

Los derechos de la persona a acceder y corregir información personal

- Tenemos procedimientos establecidos para que las personas tengan acceso a su información de salud protegida, y los procedimientos para garantizar la integridad de nuestra información y la oportuna corrección de datos incorrectos.

Más información

- El Programa de Visión Infantil Heiken de Miami Lighthouse podrá encontrar necesario de vez en cuando, revisar y actualizar su Política de Privacidad o según aparezcan cambios en la regulación de privacidad, y se comunicará cualquier cambio al Miami Dade County Public School System y a nuestras agencias asociadas.

PWOGRAM MIAMI LIGHTHOUSE HEIKEN CHILDREN'S VISION

601 Southwest 8th Avenue
Miami, FL 33130

Telefòn: (305) 856-9830 Faks: (305) 856-9840

www.miamilighthouse.org

FASON NOU TRETE ENFÒMASYON PRIVE

Pwogram Miami Lighthouse Heiken Children's Vision respekte enfòmasyon prive ki pwoteje sou sante moun epi li konprann enpòtans ki genyen nan kenbe enfòmasyon yo sekre, an sekirite. Prensip sa a montre ki jan nou pwoteje sekre ak enfòmasyon ki pwoteje sou sante moun, nou resevwa.

Lwa ki rele "Health Insurance Portability and Accountability Act of 1996" (HIPAA)

- Pwogram Miami Lighthouse Heiken Children's Vision sèvi ak yon sistèm konplè pou garanti yo respekte kondisyon ki nan lwa 1996 sou asirans maladi ki rele "*Health Insurance Portability and Accountability Act of 1996 (HIPAA)*". Kòm rezilta n ap chèche se bay elèv lekòl leta Miyamided Konnti pi bon nivo sèvis ki genyen, nou vle fè w konnen Pwogram Miami Lighthouse Heiken Children's Vision respekte regleman HIPAA a. Prensip HIPAA nou sèvi nan fason nou trete enfòmasyon prive gen machasuiv nan afè pwoteksyon, itilizasyon ak devwalman enfòmasyon ki pwoteje sou sante moun ("PHI" ann angle), ki jan pou devwale enfòmasyon, ki jan pou moun oswa gwoup ki konsène jwenn enfòmasyon pèsònèl yo bezwen, ki jan pou moun ki sou kontra pwoteje enfòmasyon, akò ant asosye ki genyen ansanm ak fòmasyon pou anplwaye.

Ki jan nou pwoteje enfòmasyon ki pèsònèl

- Nou trete enfòmasyon ki pèsònèl yo avèk sekirite epi nan sekre. Nou pa kite tout moun jwenn enfòmasyon ki pèsònèl yo: se sèlman moun ki bezwen konnen enfòmasyon sa yo, pou yo kab bay elèv MDCPS yo èd. Moun sa yo resevwa fòmasyon sou enpòtans ki genyen pou yo pwoteje enfòmasyon sa yo epi yo dwe respekte machasuiv nou yo ak lalwa ki la pou sa. Nou sèvi ak prensip sevè kit nan domèn fizik, elektwonik ak nan domèn machasuiv pou pwoteje enfòmasyon ki pèsònèl epi nou sèvi ak yon machasuiv tout anplwaye nou yo dwe respekte yon fason pou enfòmasyon sa yo kapab rete okonplè epi pou yo kapab toujou egzakt.
- Nou sere tout enfòmasyon pèsònèl ak tout rapò egzamen nan tiwa klasè ki fèmè ak kle nan yon chanm ki fèmè ak kle. Se anplwaye ki gen dwa al nan dosye sa yo ki al pran yo epi yo retounen mete yo nan plas yo chak jou anvan jounen an fini. Tout dosye sa yo rete nan klasè yo mete apa pou yo chak jou anvan jounen an fini. Anvan anplwaye yo pati kite biwo a chak jou, yo fèmè chak grenn klasè ak chanm ki gen dosye sa yo, ak kle. Nan lè biwo ouvè nòmalmman, anplwaye yo fèmè pòt depo kote dosye yo ye a ak kle lè yo pap sèvi avè l. Nou toujou kenbe enfòmasyon tout anplwaye ki gen kle ki ouvè chanm sa a, nan dosye pa nou.
- Se sèlman lè anplwaye Pwogram Miami Lighthouse Heiken Children's Vision yo nan biwo ak lè yo nan reyinyon jeneral ki fèt pou anplwaye sèlman, yo kapab pale de enfòmasyon pèsònèl. Si gen vizitè ki la pandan reyinyon jeneral yo ap fèt, n ap kite enfòmasyon pèsònèl yo pou yon lòt reyinyon oswa nou kab mande vizitè yo pou yo kite reyinyon an, yon fason pou nou pa devwale enfòmasyon ki sekre. Anplwaye yo pa gen dwa pale de enfòmasyon yo dwe kenbe sekre lè yo nan kote sa yo: nan koulwa, nan

twalèt, nan kafeterya, nan klas, nan jaden oswa lòt kote piblik ki la pou tout moun. Anplwaye ki ta vyole prensip sa a, kapab pase sou disiplin jiska revokasyon menm.

Fason nou bay lòt kote enfòmasyon pèsonèl

- Nou gen dwa pou nou sèvi ak enfòmasyon ki pwoteje sou sante moun oswa pou nou voye enfòmasyon sa yo bay Pwogram lekòl leta Miyamided Konnti yo ak pwofesyonèl ki nan domèn medikal ki fè pati sistèm referans nou genyen an. Nou gen dwa pou nou sèvi ak enfòmasyon ki pwoteje sou sante moun oswa pou nou devwale yo, lè n ap prezante rapò bay lòt ajans oswa òganizasyon. Lè nou devwale enfòmasyon ki pwoteje sou sante moun bay lòt pwofesyonèl nan domèn medikal, nou fè sa dapre yon prensip “bezwen konnen”, se sèlman nan ka kote n ap refere moun lòt kote pou y al pran tretman espesyalize. Lè nou devwale enfòmasyon ki pwoteje sou sante moun bay lòt ajans ak lòt òganizasyon, nou fè sa dapre regleman sou ki jan pou nou voye enfòmasyon ale. Pwogram Miami Lighthouse Heiken Children’s Vision pa gen dwa janm devwale enfòmasyon pèsonèl moun bay gran piblik la oswa bay lòt kote. Men tou nou gen dwa devwale enfòmasyon dapre egzijans lalwa.
- Pwogram Miami Lighthouse Heiken Children’s Vision p ap kite anplwaye li devwale enfòmasyon pèsonèl moun sou entènèt, pa imel oswa pa lòt mwayen elektwonik ki pa garanti. Ajans lan ap kite yo sèvi machin faks pou voye enfòmasyon ale, ansanm ak sèvis lapòs regilyè pa mwayen lapòs peyi Etazini oswa lòt konpayi ki fè sèvis livre lèt yo ta peye pou sa.

Dwa chak grenn moun genyen pou yo jwenn enfòmasyon pèsonèl yo epi pou yo korije enfòmasyon sa yo

- Nou gen machasuiv an plas pou chak grenn moun kapab jwenn enfòmasyon ki pwoteje sou sante yo, epi nou gen prensip ki la pou garanti enfòmasyon yo konplè epi pou yo korije enfòmasyon ki pa ta kòrèk san pèdi tan.

Plis enfòmasyon toujou

- Pwogram Miami Lighthouse Heiken Children’s Vision ka twouve sa nesesè pou l pase men tanzantan nan politik HIPAA li genyen pou fason li trete enfòmasyon prive, oframezi gen nouvo chanjman sou regleman kesyon prive k ap vini. Apre sa, l ap voye tout chanjman li fè yo bay sistèm lekòl leta Miyamided Konnti a ak ajans ki abitye travay ansanm avè l yo.

MIAMI LIGHTHOUSE HEIKEN CHILDREN'S VISION PROGRAM

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Dear Parent/Guardian,

The Miami Lighthouse Heiken Children's Vision Program is offering comprehensive eye exams and glasses, if necessary, for students who failed the vision screening and have no insurance that covers eye care.

This program is at no cost to you or the child's school.

The comprehensive eye exam includes the use of eye drops to dilate the pupils, which allows the doctor to get the most accurate eye health information and glasses prescription. The drops are safe to use and severe adverse reactions are extremely rare. Light sensitivity and blurry near vision are normal for 4-6 hours following the exam.

- If you would like your child to participate in this **FREE** program, and your does not have insurance that covers eye care, please fill out the back portion of this form and return it to their teacher.
- If you **DO NOT** want your child to participate in this FREE program, please print your name and your child's name and sign below.

I _____, **DO NOT** want my child
Print Parent's Name

_____, to participate in this program.
Print Student's Name

Parent Signature

Date

If you have any questions please contact your child's school counselor or Carmen Arguijo, our program coordinator at 305-856-9830.

School _____ Grade _____ Teacher _____

Student's name _____ M / F Student's DOB _____

Address _____ City _____ Zip code _____

Home phone _____ Parent's day phone _____

Parent/Guardian name _____

Ethnicity (Circle One): African American Asian Hispanic Native American White (non-Hispanic) other

Does your child wear glasses? Yes _____ No _____ Broken _____ Lost _____

Has your child seen an eye doctor in the past year? Yes _____ No _____

Please list any eye problems your child has: _____

Please list any health problems your child has: _____

Please list any medication or eye drops your child uses: _____

Please list any seasonal or medication allergies your child has: _____

Does your child have any special needs/developmental delays? Yes _____ No _____

Has your **child** had any of the following:

YES NO

- Eye surgery / Injury
- Eye turn / Strabismus / Lazy eye
- Vision therapy / Eye patching
- Glaucoma
- Diabetes
- Sickle cell
- Asthma
- Headaches
- Other

Has anyone in your child's **family** had any of the following:

YES NO

- Eye turn / Strabismus / Lazy eye
- Blindness
- Macular Degeneration
- Glaucoma
- High Blood Pressure
- Diabetes
- Sickle cell
- Other

Please explain any "YES" answers from above: _____

Notice of privacy practices—I understand that the Notice of Privacy Practices for the Miami Lighthouse Heiken Children's Vision Program is available for review if I should request a copy via phone at 305-856-9830.

Mutual exchange of information—I authorize the mutual release of information between the Miami Lighthouse Heiken Children's Vision Program and Miami Dade County Public Schools to release any and all optometry and ophthalmology medical reports on my child to participating program providers.

Consent for eye examination—I authorize my child to have a full eye examination **including** dilation.

Parent Signature: _____ Date: _____

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Estimado padre o tutor:

El Programa de Visión Infantil Heiken de Miami Lighthouse está ofreciendo exámenes de visión completos y espejuelos, en caso de que sean necesarios, para los estudiantes que no aprobaron los exámenes de la vista y no tienen seguro de visión.

Este programa es sin costo alguno para usted o para la escuela del niño. El examen completo de la vista incluye el uso de gotas para los ojos para dilatar las pupilas, que permiten al médico obtener información más exacta sobre la salud ocular y la prescripción de espejuelos. Las gotas son seguras de usar y las reacciones adversas graves son extremadamente raras. Sensibilidad a la luz y visión de cerca borrosa son normales en las siguientes 4 a 6 horas después del examen.

- Si le gustaría que su hijo(a) participe en este programa **GRATUITO**, y no tiene seguro de visión, por favor, rellene con sus datos la parte de atrás de este formulario y devuélvalo a su maestro.
- Si usted **NO** desea que su niño participe en este programa **GRATUITO**, por favor escriba su nombre y el nombre de su hijo y firme a continuación.

Yo, _____, **NO QUIERO** que mi hijo

Escribir el Nombre del Padre

_____ participe en este programa.

Escribir Nombre del Estudiante

Firma del padre

Fecha

Si tiene alguna duda póngase en contacto con el consejero de la escuela de su hijo o con Carmen Arguijo, nuestra coordinadora del programa llamando al 305-856-9830.

Escuela _____ Grado _____ Profesor _____
 Nombre del estudiante _____ M/F Fecha de Nacimiento del Estud. _____
 Dirección _____ Ciudad _____ Código Postal _____
 Teléfono casa _____ Teléfono de los Padres _____
 Nombre del Padre/Tutor _____
 Raza (marque una): African American Asian Hispanic Native American White (non-Hispanic) otro

¿Su hijo usa espejuelos? Si _____ No _____ Quebrados _____ Perdidos _____

¿Su hijo a visitado a un oftalmólogo en el último año? Si _____ No _____

Por favor escriba cualquier problema de la vista que tenga su hijo(a): _____

Por favor escriba cualquier medicamento o gotas para los ojos que su hijo utilice: _____

¿Su hijo presenta algún tipo de cuidado o necesidades especiales/o retrasos? Si _____ No _____

¿Su **hijo** tiene o ha tenido alguna de las siguientes:

¿Algún **integrante de la familia** del menor a tenido alguna de estas:

SI NO

- Cirugía al ojo / lesión
- Desviación de un ojo/estrabismo/ ojo bago
- Vision therapy / Eye patching
- Glaucoma
- Diabetes
- Células falciformes
- Asma
- Dolores de cabeza
- Otro

SI NO

- Desviación de un ojo/estrabismo/ ojo bago
- Ceguera
- Degeneration de la Macula
- Glaucoma
- Presión arterial alta
- Diabetes
- Células falciformes
- Otro

Por favor, explicar sobre las respuestas "Si": _____

Aviso de Prácticas de Privacidad Comprendo que el Aviso de Prácticas de Privacidad para la El Programa de Visión Infantil Heiken de Miami Lighthouse están disponibles para su revisión. Si desea solicitar una copia por favor llame al teléfono 305-856-9830.

El Intercambio Mutuo de Información Yo autorizo la liberación recíproca de información entre El Programa de Visión Infantil Heiken de Miami Lighthouse y las Escuelas Públicas de Miami para poner liberar o compartir uno o todos los informes médicos optométricos y oftalmológicos de mi hijo para programas proveedores participantes.

El consentimiento para examen de los ojos Yo autorizo a mi hijo a tener un examen completo de los ojos incluyendo la dilatación.

Firma del Padre _____ Fecha _____

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Chè Paran/Responsab,

Pwogram Miami Lighthouse Heiken Children's Vision gen yon egzamen je okonplè ak linèt l ap ofri, depi sa nesèsè, pou elèv ki gen pwoblèm je epi ki kalifye pou patisipe nan sèvis sa a. Ni ou ni lekòl pitit ou a p ap gen anyen pou nou peye pou sèvis sa a.

Nan egzamen je okonplè sa a, y ap met gout nan je timoun yo pou dilate je yo. Se sa k ap pèmèt doktè je a jwenn plis enfòmasyon posib sou sante je timoun yo epi pou l kab preskri linèt. Pa gen danje pou yo sèvi ak gout pou je yo, e se yon bagay ki trè ra pou je moun fè move reyaksyon grav lè yo sèvi ak gout sa yo. Epi tou ant 4 ak 6 èdtan apre egzamen an, sa ap nòmal pou je timoun nan sansib nan limyè epi pou l on ti jan wè twoub.

- Si pitit ou ranpli youn oswa la pa gen asirans epi si ou ta renmen pou l patisipe nan pwogram **GRATIS** sa a, tanpri ranpli enfòmasyon ki nan kare pi ba a ak nan pati ki nan do fòm konsantman sa a, epi voye l ale ba pwofesè timoun nan.
- Si ou **PA** vle pou pitit ou patisipe mam program **GRATIS** sa a, tanpri make non ou ak non pitit ou a pi ba a, epi siyen anba a.

Mwen menm _____, m **PA** vle pitit mwen
Make non paran an ak lèt enprimri

_____, patisipe nan pwogram sa a.
Make non elèv la ak lèt enprimri

Siyati paran an

Dat

Si ou ta gen nenpòt ki kesyon, tanpri kontakte konseye nan lekòl pitit ou a oswa Carmen Arguijo ki se kòdonatè pwogram nou an, nan 305-856-9830.

Lekòl _____ Klas _____ Pwofesè _____
 Non elèv la _____ Gason / Fi _____ Dat li fèt _____
 Adrès _____ Vil _____ Zipkòd _____
 Telefòn lakay _____ Telefòn paran yo nan lajounen _____
 Non paran/moun ki responsab _____
 Ki ras li (fè yon wonn alantou youn): Ameriken nwa Azyatik Panyòl Endyen ameriken Blan (ki pa panyòl) lòt

Èske pitit ou pote linèt? Wi _____ Non _____ Linèt la kraze _____ Linèt la pèdi _____
 Èske pitit ou te al kay doktè je nan ane ki sot pase a? Wi _____ Non _____
 Tanpri, fè yon lis tout pwoblèm je pitit ou genyen: _____

 Tanpri, fè yon lis tout pwoblèm sante pitit ou genyen: _____

 Tanpri, fè yon lis tout remèd ak gout pou je timoun nan konn pran: _____

 Tanpri, fè yon lis tout alèji sezon ak alèji medikaman pitit ou genyen: _____
 Èske pitit ou gen pwoblèm espesyal/reta nan devlopman li? Wi _____ No _____

Èske pitit ou te fè nenpòt nan bagay sa yo:	Èske gen fanmi pitit ou ki te gen nenpòt nan bagay sa yo:
WI NON	WI NON
<input type="checkbox"/> <input type="checkbox"/> Operasyon nan je/ blese nan je	<input type="checkbox"/> <input type="checkbox"/> Je louch / Je vewon / Malvwayans
<input type="checkbox"/> <input type="checkbox"/> Je louch / Je vewon / Malvwayans	<input type="checkbox"/> <input type="checkbox"/> Avèg
<input type="checkbox"/> <input type="checkbox"/> Terapi pou je / Patch pou je	<input type="checkbox"/> <input type="checkbox"/> Sendwom makilè
<input type="checkbox"/> <input type="checkbox"/> Glokòm	<input type="checkbox"/> <input type="checkbox"/> Glokòm
<input type="checkbox"/> <input type="checkbox"/> Dyabèt	<input type="checkbox"/> <input type="checkbox"/> Tansyon
<input type="checkbox"/> <input type="checkbox"/> Anemi falsifòm	<input type="checkbox"/> <input type="checkbox"/> Dyabèt
<input type="checkbox"/> <input type="checkbox"/> Opresyon	<input type="checkbox"/> <input type="checkbox"/> Anemi falsifòm
<input type="checkbox"/> <input type="checkbox"/> Mal tèt	<input type="checkbox"/> <input type="checkbox"/> Lòt bagay
<input type="checkbox"/> <input type="checkbox"/> Lòt bagay	

Tanpri, esplike nenpòt repons kote ou te di “WI”: _____

Avi sou tretman kesyon prive—Mwen rekonèt yo kapab fè m jwenn Avi sou tretman koze prive pou pwogram Miami Lighthouse Heiken Children’s Vision nan pou m kapab li l, si m ta rele nimewo 305-856-9830 pou m mande yon kopi.
Echanj enfòmasyon—Mwen bay otorizasyon m pou Pwogram Miami Lighthouse Heiken Children’s Vision ak Lekòl leta Miami Dade yo voye enfòmasyon youn bay lòt, pou yo voye nenpòt ki rapò medikal optometri ak oftalmoloji sou pitit mwen bay lòt gwoup ki patisipe nan pwogram nan.
Konsantman pou egzamen je — Mwen bay pitit mwen otorizasyon pou l fè egzamen konplè pou je l **ak tout** dilatasyon je l.

Siyati paran an: _____ Dat: _____

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School _____ Grade _____ Teacher _____

Student _____ File _____ Exam Date _____

Dear Parent/Guardian,

The following are your child's eye exam results. The examining physician's recommendations are below, as well as a copy of the glasses prescription. Please keep this for your records.

VISUAL ACUITY

Without glasses

Right Eye: 20 / _____

Left Eye: 20 / _____

With glasses

Right Eye: 20 / _____

Left Eye: 20 / _____

RESULTS

No further care or eyeglasses are indicated at this time. A yearly eye examination is recommended.

Prescription glasses would benefit your child. They will be delivered to the school in approximately 3 weeks. A copy of the glasses prescription is written below.

Referral to other medical specialist is indicated for the following reason:

GLASSES PRESCRIPTION

OD _____

OS _____

ADD _____ Use for _____

Doctor Signature _____ Date _____

Doctor Name / License No. _____

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**INSTANT VISION PROGRAM CONSENT FORMS
FAX COVER SHEET**

Date: _____

Attn: Carmen Arguijo

School: _____

Contact Person: _____

Phone: _____ Fax: _____

Total Consent Forms for Instant Vision Program: _____

Important Warning: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message in error, please notify the sender immediately and destroy the related message.

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**IN-OFFICE PROGRAM CONSENT FORMS
FAX COVER SHEET**

Date: _____

Attn: Carmen Arguijo

School: _____

Contact Person: _____

Phone: _____ Fax: _____

Total Consent Forms for In-Office Program: _____

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INSTANT VISION PROGRAM SATISFACTION SURVEY

School: _____

Date of Visit: _____

Doctor: _____

We want to continue to provide the best possible care for the students of Miami-Dade County. Please take the time to completely fill out the survey regarding the recent visit at your school. Once complete, please fax back to our office.

Did you have any difficulty scheduling your school visit?	Y	N
Were you satisfied with the overall scheduling process?	Y	N
Did the IVP team arrive at your school by 8:30 AM?	Y	N
Did the exams begin prior to 9:30 AM?	Y	N
Were the exams finished by the end of the school day?	Y	N
Were all the students in attendance able to be seen?	Y	N
Did the glasses arrive within 3 weeks of the visit?	Y	N

If there are any additional comments or suggestions that you would like to make please use the area below. Thank you for your help in making the Instant Vision Program a success!