601 Southwest 8th Avenue
Miami, FL 33130
Phone: (305) 856-9830 Fax: (305) 856-9840
www.miamilighthouse.org/floridaheikenprogram.asp

School Manual

Statewide Vision Program

2011-2012 School Year

Approved by: Ed Largespada, CFO

Signature:

Date:

FLORIDA HEIKEN CHILDREN'S VISION PROGRAM

Statewide Vision Program
601 Southwest 8th Avenue
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Phone: (305) 856-9830 / 1(888) 996-9847 Fax: (305) 856-9840 /1(888) 980-8474
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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 40,000 free eye examinations and eyeglasses to school children with financial hardship that fail the Miami-Dade County Public School Vision Screenings. With the acquisition of Heiken by The Miami Lighthouse in 2006 and its recent contract with the department of health to serve the contracted counties of Florida, these life-changing services will continue to grow and expand into the future.

As part of the Florida Heiken Children's Vision Program, students will qualify to take advantage of our services by attending a Florida Public School excluding the counties named above, having failed a school based vision screening two times (screenings done on the same day is acceptable) and be designated as low-income through eligibility for the Florida National School Lunch Program (free or reduced lunch), administered by the Florida Department of Health. They must also be found to have no other healthcare or vision insurance. All students who meet the criteria can be scheduled with one of our optometry providers.

After submitting your completed referral forms and verifying eligibility, we will contact you with a list of participating providers. Optometrists are provided with an In-Office Procedures Manual and a selection of quality eyeglass frames for students to choose from if prescribed glasses are deemed necessary. Glasses come with a six-month warranty should they become damaged. Participating optometrists are part of and monitored by the Florida Optometric Physicians Network and the Florida Heiken Program which requires doctors to provide us with a copy of their license renewals every two years, current malpractice insurance yearly, signed attestation of good moral character, American Disabilities Act and questionnaire, and equal employment policy, which are kept on file.

Remember: As 85% of what a child perceives, comprehends, and remembers depends on the visual system. It is imperative that all children have the gift of good vision.

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

The Florida Heiken Team

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Student Criteria

• Currently attend a Florida Public School (K-12) in our contracted counties.
• Be considered as Low-Income through eligibility for the Florida National School Lunch Program(Free or Reduced Lunch), administered by the Florida Department of Education, and attest they are indeed on the program.
• Failed a school based vision screening **two times** (can be done same day twice) consistent with the recommendations of the National Association of School Nurses, and dates must be documented.
• Found to have no other insurance (vision or medical, this includes students on Medicaid)

Scheduling Procedures

• After the student fails the school based vision screening twice, the student is given a parental consent form immediately (found on our website) to bring home and have signed by their parent/guardian. Forms must be entirely filled out and returned to the school nurse or appointed designee.

• The school nurse or designee then completes the field located in the upper right hand corner filling in the two failed dates and attesting that the student is on the free or reduced lunch program and signs. Once completed and signed, fax both the referral and parent consent form (forms can be found on our website) to our toll free number provided on the letterhead. Upon receiving we will verify that the student meets the criteria as mentioned above. Once it is established that the student is a candidate the school nurse or designee will be sent a parent notification form which is to be given to the student to bring home to the parent/guardian. This form will have the all the doctor's information so the parent/guardian can call to schedule an appointment. As well, the doctor's office will also be informed and attempt on five separate occasions to call the students parent/guardian to schedule an appointment.

• Please also inform us of any student requiring any special needs and or auxiliary aids (visual devices, hearing devices, language interpreters, sign language, mobility devices and or any other such items according to the Americans with Disabilities Act and the Department of Health Policy 220-3-00 section 504.

• You will receive a copy of the student's eye exam results and/ or any other pertinent information once the student is seen.

• If glasses are prescribed the doctor's office will order the glasses which should arrive within 2 to 3 weeks, at which time the parent/guardian will be notified by the doctor to go back to the office for pick up and adjustments.

If there are any quality assurance issues or questions you would like to discuss, please contact:
Florida Heiken Children's Vision Program Consulting Optometrist
Dr. Bryan Wolynski
Email: bwolynski@miamilighthouse.org **Phone:** 786-362-7469 / 1(888) 996-9847

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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 Heiken Program provide the best quality care

Patient Rights

• Receive available vision care services regardless of race, color, sex, national origin, religion, age or disabilities
• 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
• Recieve Auxilliary Aids when needed
• 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
• All patients must be given services, scheduling of appointments and accuracy of record keeping without regard to race, sex, color, national origin, religion, age or disability.

School Responsibilities

• School Nurse or other designee will conduct school based vision screenings of students meeting the Florida Heiken criteria in grades K-12

• Schools will promptly distribute consent forms to all students who fail the school based vision screening twice and encourage the students to return completed forms signed by their parent/guardian, and will provide the Heiken Program (in writing) of those dates and attest that the student is on the free or reduced lunch program by signing the form as well.

• Schools will return these forms as quickly as possible to the Florida Heiken Program Team. Once reviewed and a student is deemed qualified, a referral form for an in-office appointment will be sent back to the school and given to the student to bring home to their parent/guardian to set up an appointment with a local providing optometrist

• School officials involved will be asked to fill out a survey so we may monitor the program and help find any signs for improvement

Americans with Disabilities Act (ADA) Policy

The Heiken Childrens Vision Program is committed to complying with all applicable provisions of the Americans with Disabilities Act (ADA). It is the policy of the Heiken Program to ensure equal opportunity for qualified individuals with disabilities for those enrolled in its program. Qualifications to be a provider will be based on the applicants ability to perform the essential function of the job. The Heiken Program will not discriminate against otherwise-qualified applicants in any of its contracted activities.

The Heiken Program will provide any reasonable accommodations to qualified enrolled applicants with a disability, as defined by the ADA, who have made the Heiken Program aware of their disability, provided that the accommodation does not impose an undue hardship on the Heiken Program.

The Heiken Program is also committed to not discriminate against any applicant because a family member or friend is covered under the protection of the ADA. The Heiken Program will follow any state or local law that provides individuals with disabilities greater protection.

This policy is neither exhaustive nor exclusive. The Heiken Program is committed to taking all other actions necessary to ensure equal opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state and local laws.

Equal Employment Opportunity Policy

It is the policy of the Heiken Program to provide equal rights to our providers based on qualifications (licensure, in compliance with state optometry practices and procedures, mal-practice insurance, of good moral character, disability and self evaluation protocols), job performance and abilities. The Heiken Program does not discriminate on the basis of race, color, religion, ancestry, national origin, gender, pregnancy, age, disability, marital status, sexual orientation or any other characteristic protected by applicable federal, state or local laws.

This policy governs all aspects of becoming part of the Heiken Program, but not limited to compensation, benefits, promotions, trainings, discipline and termination.

Contracted doctors and school officials with questions or concerns about any type of discrimination are encouraged to bring these issues to the attention of the Heiken program director.

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PRIVACY PRACTICES

The Florida 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 Florida 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 your County Public School Students, we want you to know that the Florida 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 Heiken 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 Florida 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 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 Florida 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 Florida 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 Florida 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 the County Public School System and our partnered agencies.

• The Florida Heiken Program is an equal opportunity organization and does not discriminate against otherwise qualified persons on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or veteran status

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Dear Parent/Guardian,

The Florida Heiken Children's Vision Program is offering comprehensive eye exams and glasses if necessary, for Florida public school students in your county who qualify to participate. This program is available at no cost to you or your child's school. Qualifying students are those who have failed their school based vision screening twice, are a participant of the free or reduced school lunch program administered by the Florida Department of Education, and have no insurance.

If during eligibility verification by the Florida Heiken Children's Vision Program and the Florida Optometric Physicians Network, your child is found to be enrolled in a participating vision insurance plan, you will be notified by your school and considered ineligible to participate in the program. If your child is able to participate after verification, we will send you a form through your child's school with the name, address and phone number to a participating doctor, for you to call and schedule an appointment. The doctor will also receive the same form and have your child's information on file.

The comprehensive eye exam, administered by an optometrist, includes a thorough examination of your child's vision, visual system and eye health. In order to perform the examination, the use of eye drops to dilate the pupils is used, which allows the doctor to get the most accurate eye health information and prescription for eye glasses should they benefit your child. The drops are safe to use, and severe adverse reactions are extremely rare. Light sensitivity and blurry near vision are normal for up to 4-6 hours following the exam.
For your child to participate, please fill out the attached form completely, sign at the bottom and have your child bring the form back to the school nurse or counselor.

If you have any questions please contact your child's school counselor or the Heiken main office at (305) 856-9830 or 1-888-996-9847.

For School Personel Use:
County: _____
Mandatory Two Vision Screening Fail Dates: Fail Date #1_____ Fail Date #2_____
(Fail Dates Must Be Within Same School Year)
Is the Student on the Free or Reduced Lunch Program? Circle One: YES NO

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 _____
Does your child require any auxiliary aids (such as interpreter, sign language, visual aids, Braille) Yes_____No_____
If Yes or Other, Please explain_____

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:_____
_____

Consent for eye examination –By signing below, I authorize my child to have a full eye examination **including** dilation.

Notice of privacy practices –By signing below, I understand that the Notice of Privacy Practices for the Florida Heiken Children's Vision Program is available for review if I should request a copy via phone at 305-856-9830/1(888)996-9847.

Mutual exchange of information – By signing below, I authorize the mutual release of information between the Florida Heiken Children's Vision Program and your County Public Schools to release any and all optometry medical reports on my child to participating program providers.

Claims - If your child is covered under an insurance plan, we will inform you and send you a list of local doctors who accept your plan.

*****I/We release and hold harmless the County School Board of any and all responsibility and liability for any injury or claim resulting from participation in the Florida Heiken Children's Vision Program because of accident or mishap involving the participation of my child/ward in the program.

Parent Signature: _____ Date: _____

The Florida Heiken Children's Vision Program is an equal opportunity organization and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or veteran status.

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EXAM RESULTS

(PLEASE FAX REPORT TO # ABOVE)
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	With glasses
Right Eye: 20 / _____	Right Eye: 20 / _____
Left 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 optometrist in approximately 3 weeks. A copy of the glasses prescription is written below.
- Referral to other medical specialist is indicated for the following reason: (This is not covered by the Florida Heiken Program)

_____

_____

_____

*Was a Dilated Eye Examination Performed as Required by the State of Florida: **Circle: YES NO**

*If NO Please Explain Reason:*_____

GLASSES PRESCRIPTION

OD_____

OS_____

ADD_____ Use for_____

Doctor Signature _____ Date _____

Doctor Name / License No. _____

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REFERRAL / CONSENT

FAX THIS FORM AND THE SIGNED PARENTAL CONSENT FORM TO THE ABOVE NUMBER

Date:_____

Attn: Florida Heiken Children's Vision Program

School:_____**County:**_____

Contact Person:_____

Phone:_____ **Fax**:_____

Total Number of Students Referring:_____

Eligibility Requirements:

1-Must be attending a Florida State Public School in Counties we are contracted with.

2-Must have Failed the School Based Vision Screening **Twice** and it is **Required** that you provide the Heiken Program with both failure dates on the Parent Consent Form, if not the student cannot be eligible

3-The Student must be on the Free or Reduced Lunch Program, and you need to attest to that on the Consent Form and Sign.

4-Student must have no Insurance, which the Florida Heiken Children's Vision Program and the Florida Optometric Physicians Network will determine