

## **MIAMI LIGHTHOUSE HEIKEN CHILDREN'S VISION PROGRAM**

601 Southwest 8<sup>th</sup> Avenue

Miami, FL 33130

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

[www.miamilighthouse.org](http://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 60,000 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 eye care unit 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. All students who fail the school screening are eligible for this program, but if you know of a student in a non-screened grade, struggling with vision problems, please refer them as well. Please note, that if a student is found to have insurance, that insurance may be billed for these services.

After submitting your completed referral forms and verifying eligibility, we will contact you to schedule a day for our mobile eye care unit to visit your school. If you have less than 13 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 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 Heiken Team

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**INSTANT VISION PROGRAM  
SCHOOL MANUAL**

Revised 08/24/2011

## **Enclosures**

### **General Information**

Program Description

Scheduling Information

Quality Assurance Information

Patient Rights and Responsibilities (English)

Patient Rights and Responsibilities (Spanish)

Patient Rights and Responsibilities (Creole)

Privacy Practices (English)

Privacy Practices (Spanish)

Privacy Practices (Creole)

### **Forms**

Consent Forms (English)

Consent Forms (Spanish)

Consent Forms (Creole)

Exam Results Form (English)

Exam Results Form (Spanish)

Exam Results Form (Creole)

Instant Vision Consent Forms FAX COVER SHEET

In-Office Program Consent Forms FAX COVER SHEET

Program Satisfaction Survey

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## **Two Programs:**

- 1- Instant Vision Program
- 2- In-Office Program

### **1- 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 13 completed referral forms, we schedule the Instant Vision Mobile Eye Care Unit to visit your school. You will be contacted the day before our visit to confirm. On the scheduled date, an optometrist and a technician will administer eye examinations and fit the student 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. When they return, their near vision will be blurred for a few hours and 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 have a room ready to be 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 our new (2011-2012 revision) consent form for all those students who fail the vision screening to be fully filled out and signed. Please make sure all written information is legible, including the parent's name. If there is any information missing such as Date of Birth, please contact the parent to complete it. Please note that if the parent fills out one of the old consent forms, we will return that form to you. Our new revised form can be found online at [www.miamilighthouse.org/floridaheikenprogram.asp](http://www.miamilighthouse.org/floridaheikenprogram.asp) and click on the Miami Program.

- Once you have your consent forms returned, please fax the signed consent form to our office using the **INSTANT VISION PROGRAM** fax cover sheet. Please save the original 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.

Please ask all students who already wear glasses to bring them to their exam. **If student is wearing contact lenses we will be unable to examine the student since we do not have contact lens cases or solution.** 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 faxed a satisfaction survey approximately one to two months later. 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.

## **2- Miami Lighthouse Heiken Children's Vision Program – In Office Program**

If you have less than 13 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**

- Send home our new (2011-2012 revision) consent form for all those students who fail the vision screening to be fully filled out and signed. Please make sure all written information is legible, including the parent's name. If there is any information missing such as Date of Birth, please contact the parent to complete it. Please note that if the parent fills out one of the old consent forms, we will return that form to you. Our new revised form can be found online at [www.miamilighthouse.org/floridaheikenprogram.asp](http://www.miamilighthouse.org/floridaheikenprogram.asp) and click on the Miami Program.
- Please fax the completed consent form (with parent signature) to us, using the **IN-OFFICE PROGRAM** fax cover sheet (also found online and in this packet). Once we process all the paperwork we will send you a voucher with the doctor's office contact information to give to the

parents so they may call and schedule an appointment for their child. The doctors office will also receive a copy and may contact the students parent to schedule.

- NOTE: The voucher will expire in 30 days, if the parent does not schedule before then they will require a new voucher.

### **Scheduling Information**

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

**Zach Miller**

Email: [zmiller@miamilighthouse.org](mailto:zmiller@miamilighthouse.org)

Phone: (305) 856-9830 or 786-362-7528

**OR**

**Nashieli Garcia**

Email: [ngarcia@miamilighthouse.org](mailto:ngarcia@miamilighthouse.org)

Phone: (786) 362-7527 Fax: (305) 856-9840

Please contact Dr. Wolynski if you have any questions or issues regarding quality assurance

**Dr. Bryan Wolynski**

Email: [bwolynski@miamilighthouse.org](mailto:bwolynski@miamilighthouse.org)

Phone: 786-362-7526

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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, has special needs, or your school has less than 13 students they 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 entèn 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 nesosite 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 distribye 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 8<sup>th</sup> Avenue

Miami, FL 33130

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

[www.miamilighthouse.org](http://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 sekrè, an sekirite. Prensip sa a montre ki jan nou pwoteje sekrè 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 sekrè. 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 egzak.
- Nou sere tout enfòmasyon pèsònèl ak tout rapò egzamen nan tiwa klasè ki fèmèn ak kle nan yon chanm ki fèmèn 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 fèmèn chak grenn klasè ak chanm ki gen dosye sa yo, ak kle. Nan lè biwo ouvè nòmalmman, anplwaye yo fèmèn 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 sekrè. Anplwaye yo pa gen dwa pale de enfòmasyon yo dwe kenbe sekrè 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.

School student ID #

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's name \_\_\_\_\_ M / F Student's birth date \_\_\_\_\_

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: \_\_\_\_\_

**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 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** – By signing below, 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.

**Claims** - If your child is covered under an insurance plan they may be referred to a participating Optometrist; otherwise Miami Lighthouse reserves the right to obtain necessary information to submit for payment services rendered to the insurance Company.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Numero de Estudiante #

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/optometrista 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:

- | SI                       | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Cirugía al ojo / lesión                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Desviación de un ojo/estrabismo/ ojo vago |
| <input type="checkbox"/> | <input type="checkbox"/> | Terapia de Vision / Parche de los ojos    |
| <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Células falciformes                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Asma                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Dolores de cabeza                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Other                                     |

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

- | SI                       | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Desviación de un ojo/estrabismo/ ojo vago |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceguera                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Degeneración de la Macula                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Presión arterial alta                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Células falciformes                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Otro                                      |

Por favor, explicar sobre las respuestas "Si": \_\_\_\_\_

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

**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.

**Reclamos al seguro:** Si su hijo tiene cobertura bajo un plan de seguro medico; le proveeremos con una lista de Optometristas participantes de su hijo/hija plan medico; o Miami Lighthouse se reserva el derecho de obtener la información necesaria para presentar un reclamo de pago a la compañía aseguradora.

Firma del Padre \_\_\_\_\_ Fecha \_\_\_\_\_

## Nimewo kat etidyan:

Lekòl \_\_\_\_\_ Klas \_\_\_\_\_ Pwofesè \_\_\_\_\_

Non elèv la \_\_\_\_\_ G / F Dat elèv la fèt \_\_\_\_\_

Adrès \_\_\_\_\_ Vil \_\_\_\_\_ Zipkòd \_\_\_\_\_

Tel. kay la \_\_\_\_\_ Tel. travay paran an \_\_\_\_\_

Non paran an oswa moun ki responsab timoun nan \_\_\_\_\_

Gwoup etnik (ansèkle youn): Nwa Ameriken Azyatik Panyòl Endyen Ameriken Blan (ki pa panyòl) lòt ras

Èske pitit ou pote linèt? Wi \_\_\_\_\_ Non \_\_\_\_\_ Linèt la kase \_\_\_\_\_ Linèt la pèdi \_\_\_\_\_

Nan ane ki sot pase a èske pitit ou te al kay doktè je? Wi \_\_\_\_\_ Non \_\_\_\_\_

Make tout pwoblèm je pitit ou genyen: \_\_\_\_\_

Tanpri make nenpòt pwoblèm sante pitit ou genyen: \_\_\_\_\_

Make non tout medikaman oswa remèd je piti ou ap pran: \_\_\_\_\_

Make tout alèji pitit ou genyen: \_\_\_\_\_

Èske pitit ou gen okenn andikap oubyen oken reta nan devlopman mantal li? Wi \_\_\_\_\_ Non \_\_\_\_\_

Èske **pitit ou** janm gen ka sa yo:

WI NON

- |                          |                          |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Operasyon je / Frakti nan je  |
| <input type="checkbox"/> | <input type="checkbox"/> | Je vire / je vewon / Je mouri |
| <input type="checkbox"/> | <input type="checkbox"/> | Terapi pou je / Patch sou je  |
| <input type="checkbox"/> | <input type="checkbox"/> | Glokòm                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Dyabèt                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Anemi falsifòm                |
| <input type="checkbox"/> | <input type="checkbox"/> | Opresyon                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Tèt fèmal                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Lòt ka                        |

Èske gen moun nan fanmi pitit ou ki janm gen ka sa yo:

WI NON

- |                          |                          |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Je vire / je vewon / Je mouri |
| <input type="checkbox"/> | <input type="checkbox"/> | Avèg                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Dejeneresans makilè           |
| <input type="checkbox"/> | <input type="checkbox"/> | Glokòm                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Tansyon                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Dyabèt                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Anemi falsifòm                |
| <input type="checkbox"/> | <input type="checkbox"/> | Lòt ka                        |

Tout kote ou reponn "WI" anwo yo, bay yon esplikasyon sou yo: \_\_\_\_\_

**Pèmisyon pou fè egzamen je** – Lè m siyen anba paj sa a, sa vle di mwen otorize pou yo fè yon konsiltasyon je pou pitit mwen an epi pou yo dilate je l **tu**.

**Avi sou pwoteksyon enfòmasyon prive** – Lè m siyen la a, mwen konnen dokiman sou fason yo pwoteje enfòmasyon sou vi prive moun (Notice of Privacy Practices) nan pwogram "Miami Lighthouse Heiken Children's Vision" nan la a dispozisyon mwen. Si m vle wè li mwen kab annik telefone nimewo sa a 305-856-9830 pou m made wè yon kopi.

**Echanj enfòmasyon ant kote sa yo** – Lè m siyen anba paj sa a, sa vle di m bay "Miami Lighthouse Heiken Children's Vision Program" ak Lekòl leta Miami-Dade otorizasyon pou youn voye enfòmasyon sou pitit mwen an bay lòt. Yo kab voye enfòmasyon sou swen sante je pitit mwen an bay kote ki afilye ak pwogram nan k ap bay pitit mwen an swen pou je li.

**Reklamasyon** - Si pitit ou deja nan yon plan asirans ki kab peye pou swen je li yo kab byen refere li bay yon optometris ki nan plan asirans li; san pa sa Miami Lighthouse ap gen dwa mande ransèyman pou pèmèt li reklame peman nan men konpayi asirans pitit ou pou sèvis li resevwa yo.

Paran an siyen la a: \_\_\_\_\_ Dat: \_\_\_\_\_

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School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student \_\_\_\_\_ File \_\_\_\_\_ Exam Date \_\_\_\_\_

Dear Parent/Guardian,

**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: (Dr. Circle: Distance, Near, Full Time, Part Time, School) \_\_\_\_\_

Doctors Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctors Name / License No. \_\_\_\_\_

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Escuela \_\_\_\_\_ Grado \_\_\_\_\_ Maestro(a) \_\_\_\_\_

Estudiante \_\_\_\_\_ Archivo \_\_\_\_\_ Fecha del Examen \_\_\_\_\_

Estimado padre o tutor:

Los siguientes son los resultados del examen de la vista de su hijo(a). Las recomendaciones del médico que lo examinó están abajo, así como también una copia de la prescripción de espejuelos. Por favor, guarde esta forma para sus records.

## AGUDEZA VISUAL

Sin espejuelos

Ojo Decho: 20 / \_\_\_\_\_

Ojo Izquierdo: 20 / \_\_\_\_\_

Con espejuelos

Ojo Derecho: 20 / \_\_\_\_\_

Ojo Izquierdo: 20 / \_\_\_\_\_

## RESULTADOS

Ningún cuidado ni espejuelos son indicados en este momento. Se recomienda un examen anual de la vista.

Espejuelos de prescripción beneficiarían a su niño. Ellos serán entregados a la escuela en aproximadamente 3 semanas. Una copia de la prescripción de los espejuelos está escrita abajo.

La referencia a otro especialista médico es indicada por la siguiente razón:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRESCRIPCION DE ESPEJUELOS

OD \_\_\_\_\_

OS \_\_\_\_\_

ADD \_\_\_\_\_ Use para \_\_\_\_\_

Firma del Doctor \_\_\_\_\_ Fecha \_\_\_\_\_

Nombre del Doctor/ Número de Licencia: \_\_\_\_\_

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Lekòl \_\_\_\_\_ Klas \_\_\_\_\_ Pwofesè \_\_\_\_\_

Elèv \_\_\_\_\_ Dosye \_\_\_\_\_ Dat egzamen \_\_\_\_\_

Chè Paran/Responsab,

Men rezilta egzamen je ki te fèt pou pitit ou a. Sa k pi ba a se rekòmandasyon doktè ki te egzaminen timoun nan fè, ansanm ak kopi preskripsyon linèt pou timoun nan. Tanpri kenbe dokiman sa a pou dosye ou.

## NIVO DEGRE TIMOUN NAN KAB WÈ

San linèt

Je dwat: 20 / \_\_\_\_\_

Je goch: 20 / \_\_\_\_\_

Ak linèt

Je dwat: 20 / \_\_\_\_\_

Je goch: 20 / \_\_\_\_\_

## REZILTA

Timoun nanpa bezwen okenn lòt swen ni li pa bezwen linèt pou kounye a. Yon egzamen pou je sipoze fèt chak ane.

Sa ap nan avantaj pitit ou a si l ta pote linèt doktè preskri l. N ap voye linèt la nan lekòl la nan twa semèn kon sa. Men yon kopi preskripsyon pou linèt la pi ba a.

Nou refere timoun nan ba yon lòt espesyalis pou rezon sa yo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRESKRIPSYON LINÈT

Je dwat \_\_\_\_\_

Je goch \_\_\_\_\_

ADD \_\_\_\_\_ Sèvi avè l pou \_\_\_\_\_

Siyati doktè a \_\_\_\_\_ Dat \_\_\_\_\_

Non doktè a / Nimewo pèmi li \_\_\_\_\_

**MIAMI LIGHTHOUSE HEIKEN CHILDREN'S VISION PROGRAM**

601 Southwest 8<sup>th</sup> Avenue

Miami, FL 33130

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

[www.miamilighthouse.org](http://www.miamilighthouse.org)

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

Date: \_\_\_\_\_

Attn: Nashieli Garcia

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: Nashieli Garcia

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!

