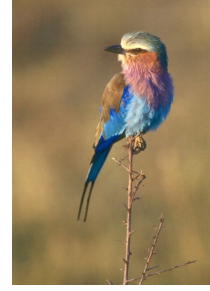


## *Vision Transformation, Inc.*

*Marisa Atria Kruger, O.D., F.C.O.V.D., CHom.*

*Diana Carmosino Haman, C.O.V.T.T*

*Judy Kennedy, C.O.V.T.T*



Vision Transformation, Inc. recognizes its obligation and responsibility to each patient with the care most conducive to your comfort and wellbeing. In addition we respect your rights as an individual with unique health care needs. In providing this care, Vision Transformation, Inc. has the right to expect certain behavior on the part of patients, legal guardians, relatives and friends that participate in the care here- behavior that is consistent with the following rules and regulations:

### **Patient's Rights:**

- Considerate and respectful care
- Privacy and confidentiality within the practicalities of working in an open office
- Responsive service
- Access to your medical records
- Written notice
- Explanation of fees
- Physical comfort
- Informed consent on research, recording, filming, photos and risks

### **Patient Responsibilities:**

- Answer questions fully and truthfully
- Make sure you understand and ask questions if you do not
- Be open to direction to change the habits and behaviors that support your vision problems
- Follow the prescribed plan by wearing your prescriptions and doing home practice activities as assigned
- Report changes and inform us of your goals
- Keep appointments according to the prescribed frequency
- Arrive on time
- Know your healthcare providers
- Respect and be courteous with staff, fellow patients and the facility
- Be safe and understand the risks involved in doing the treatment
- Pay your bill as agreed
- Maximize healthy habits
- Care for and return borrowed equipment as directed

I have read and will adhere to my rights and responsibilities:

Signature of Patient / Parent \_\_\_\_\_ Date: \_\_\_\_\_

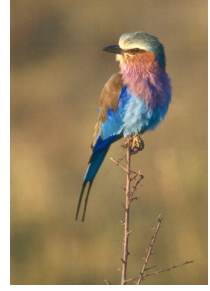
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Signature of Child \_\_\_\_\_