This information is to assist interns, faculty and staff in understanding our basic operating procedures, policies and goals, and to assist us in maintaining a consistently excellent clinical program. (Updated 01/2018)
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Mission Statement for the Ohio State University Optometry Services

We pledge to provide optimal, comprehensive vision and eye health care for our patients through our team of faculty, staff, and students who employ their collective specialized knowledge of the visual system, in the patient’s best interest, consistent with The Ohio State University’s tradition of excellence in teaching, research, service and fiscal responsibility to the community.

Organizational Chart

Patient Care and Clinical Education

Dean
Dr. Karla Zadnik

Associate Dean of Academic Affairs
Dr. Michael Earley

Associate Dean for Clinical Services
Dr. Gregory Nixon

Associate Dean for Research
Dr. Jeffrey Walline

Binocular Vision / Pediatrics / Aniseikonia Services
Dr. Catherine McDaniel, Chief and Faculty of Record
Dr. Andrew Toole, Associate Chief

Vision Therapy Service
Dr. Michelle Buckland, Chief and Faculty of Record

Contact Lens Service
Dr. Nicky Lai, Chief and Faculty of Record
Dr. Alex Nixon, Associate Chief

Environmental Vision Service
Dr. Andrew Toole, Chief and Faculty of Record

Eyewear Gallery Service
Jeff Rohlf, Chief
Dr. Don Mutti, Faculty of Record

Advanced Ocular Care Service
Dr. Gregory Nixon, Chief and Faculty of Record

Primary Vision Care Service
Dr. Dawn Goedde, Chief and Faculty of Record

Vision Rehabilitation Service
Dr. Roanne Flom, Chief and Faculty of Record

Affiliated Optometry Services

Ocular Disease Extern
Dr. Heidi Wagner, Faculty of Record

Advanced Practice Extern
Dr. Heidi Wagner, Faculty of Record

Primary Care Extern
Dr. Heidi Wagner, Faculty of Record
Optometry Services Overview
The Ohio State University Optometry Services provides quality vision care since 1914. Student interns and attending faculty work together to assure accurate diagnoses and personalized treatment plans for every patient. The Ohio State University Optometry Services faculty members are recognized experts in the field of optometry and vision science, and routinely contribute to the art and science of optometric practice through their research, publications, and lectures.

Chapter 1: Student Interns

Intern Responsibilities
The intern is expected to fulfill assignments, attend scheduled patient examination sessions and clinic seminars, and bring the following instrumentation in good working condition:

- Cover paddle
- Retinoscope
- Maddox rod
- Direct ophthalmoscope
- PD ruler
- Binocular Indirect Ophthalmoscope
- Condensing lens/lenses
- Pen light or transilluminator
- Near point acuity cards
- Gonioscopy mirror (3- or 4- mirror)
- 90D,78D or other acceptable fundus lens
- Other equipment as specified by the service chief

1. Ensure preparation of the examination room and care and cleaning of instrumentation for patient care.
2. Review the medical record in its entirety.
3. Develop an appropriate and professional rapport with the patient, attending, and support staff.
4. Accurately and efficiently perform relevant clinical tests.
5. Recommend appropriate therapies.
6. Be familiar and comply with accepted clinical practice guidelines. See AOA Clinical Practice Guidelines @ http://www.aoa.org/x4813.xml
7. Complete the service sheet, the medical record, prescriptions, reports, and letters in a timely manner, including all required intern and attending signatures.
9. Attend clinic orientations and scheduled Eyewear Gallery sessions.
10. Recognize and comply with all clinic and college policies and procedures

Meditrek Protocol for Patient Log Submission (6/07)

1. Access the Meditrek website by directing your browser to:
   https://www.meditrek.com/default.htm

2. Click on “REGISTERED USER LOGIN” and input your user name and password listed below:
   User name:
   
   Password:
   
   Please remember that the password is case sensitive. Also, please memorize your password, and/or write it down and keep it in a safe place.

3. This will direct you to your welcome page. Click on the last item on your page that is labeled “Access Non-scheduled Forms”. This will bring up a new page where you should click on “Patient Log Form” which will load the patient log entry form.

4. At the top of the log form, be sure to update the date of the day that patients were examined, the (1=summer, 2=autumn, 3=winter, 4=spring), and the clinic site/clinic service of all patient encounters. The date on the patient log defaults to the date that you are logging on. If you are entering patients from a previous day, please be sure to change the date. Then click select to load the log page.

5. Be careful when choosing your clinic site. For the OSUCO internal clinics, there are multiple rotations for each ½ day clinic session. Each , you will be directed by the clinic scheduler as to what your specific Meditrek clinic session will be, e.g. PVC Service Thursday pm.

6. Once the log page is displayed, you must enter the total number of each item encountered for the given day and the given site. Be sure to complete each section, including:
   a. Age of patients seen
   b. Exam type (include all that apply for each visit)
      i. DO NOT count a DFE if it is part of a comprehensive exam or medical visit, only include it in your tally if it is a stand-alone DFE as a completion of exam
      ii. For contact lens patients seen for a full exam, choose only “Contact Lens Eye Exam” and not “Comprehensive Eye Exam”
      iii. Select “Contact Lens Fitting” or “Contact Lens Office Visit” for stand-alone appointments not associated with a comprehensive exam.
   c. Exam type: Non-patient THIS STAT IS FOR INTERNAL CLINICS ONLY
      i. This information is a valuable measure of our clinic fill rate and can help to schedule patients and interns during our busiest patient times. For your OSUCO internal clinic services only, please record when each of the following occurs:
         • No Show (of scheduled patient)
         • Broken appointment (cancellation, reschedule, late arrival)Open appointment (no patient scheduled)
   d. Conditions Encountered (Be sure to record all of the diagnoses your
patients present with. If a patient has cataracts, glaucoma, and macular degeneration include each of those conditions for that one patient in your tally.)

e. **Procedure Performed** (Be sure to include all procedures that you are EXPOSED to during your patient encounter. If a technician or other clinic personnel actually performs a threshold visual field or GDx but you reviewed and analyzed the data during the management of the patient, then count that as an exposure. The exception is for the following procedures, which should only be recorded if you actually PERFORMED the procedure yourself:

- Epilation
- Foreign Body Removal
- Gonioscopy
- Punctal Plug Insertion
- Scleral Depression

f. **Management Outcome** (include all that apply for each visit)

g. You must click **SUBMIT** after inputting data for each clinic day.

Service chiefs will access your log tallies throughout the term to check submission progress. It is best to enter patient tallies everyday or in bunches at the end of each week. Not submitting encounters regularly may reflect on the accuracy of you tracking your experience.

- Keep track of all of your patient encounters, including those that you only get a quick look at or those that are observation only. Use the tally forms given to you at orientation (also available on Carmen and in the student transfer folder) to keep track of patients seen at each clinic site/office.
- Submit all of your patient encounters and submit your entries regularly! This will help with accuracy.
- Choose the correct date, site, and period/ for each of your entries
- Realize that you can view a record of all of your entries by clicking on the "Records" icon next to the patient log hyperlink

If you have any edits or deletions to make to your patient logs you can contact the Clinic Coordinator, Ashley Hill via email at hill.2150@osu.edu for assistance.

**Intern Attendance Policy (Revised 3/15)**

**Opt III Clinic Leave Policy**

Patient care based courses within the curriculum of the College of Optometry are very important to help interns develop clinical reasoning skills and recognize the clinical presentations of entities discussed in their didactic classes. Adequate learning and adequate evaluation of that learning require that a minimum number of patient encounters be experienced by each intern. Students cannot miss a “class day” and “obtain the notes” from classmates for these patient care based courses. Interns must actively participate to develop the skills required to become a competent and efficient optometrist. In spite of this, however, the College recognizes that there are legitimate occurrences (e.g., illness, emergencies, special events, outside educational experiences, professional conferences, personal reasons) for which an intern might miss a clinic or Eyewear Gallery session. This policy specifies the rights and responsibilities of students regarding absences from their clinical training assignments.

**Allotment of Clinic Leave Days**
• Opt 3 interns may be granted clinic leave for a **maximum** of 4 clinic sessions (a clinic session is defined as an assigned ½ day of clinic responsibility) from PVC rotations during the entire third year, with a limitation of missing up to 2 sessions of the same half day PVC rotation during a given term or semester.

• Opt 3 interns may be granted clinic leave for 1 clinic session of AOC, VT and EWG rotations during the term or semester the intern is scheduled for these rotations.

**Clinic Leave Request Deadline**

• Clinic leave requests will be due 5 weeks prior to the start of the clinic semester. Before the start of each semester an email will be sent to Opt III’s regarding the clinic leave request deadline. You will need to consider any time you may need to take off for the semester and submit your requests by the given deadline.

• Requests to miss clinic rotations in PVC, AOC, or VT should be sent via email to the program coordinator, Ashley Hill at hill.2150@osu.edu. The email subject line must read **CLINIC LEAVE**. The email must contain the day(s) of the week, the date(s), and the clinic rotation(s) to be missed.

**EXAMPLE**

Subject: Clinic Leave
PVC PM Tuesday March 20
AOC AM Thursday February 9

• No more than 50% of the scheduled interns on a given PVC session will be granted leave for that date. In the instance that you request a date that is at max requests your request will be declined. Approval will be based on a first submitted, first approved basis.

• No clinic leave is allowed the 1st week of a first time rotation in PVC, AOC, VT, or EWG without obtaining special approval from the service chief of the clinic session to be missed.

• All requests for leave from EWG should be directly submitted to the Eyewear Gallery Chief, Jeff Rohlf at rohlf.4@osu.edu. All EWG requests sent to the Clinic Coordinator, Ashley Hill will not be processed.

**Clinic leave requests should be submitted no later than the pre-determined deadlines as described above. Patients will not be cancelled or rescheduled to accommodate inappropriate clinic leave requests. All clinic leave requests MUST be approved before any travel arrangements are made. The College retains the right to restrict or cancel any leave, or require make-up clinic sessions if deemed necessary for the student’s educational needs or proper patient care.**

**Clinic Leave Due to Illness or Unexpected Emergency**

• Interns must email their attending and clinic chief, as well as, the Clinic Coordinator, Ashley Hill (hill.2150@osu.edu) and call clinic patient reception at 292-2020, ext. 1 as soon as possible when an unexpected illness or emergency keeps him or her from attending scheduled internal clinic rotation responsibilities.

• If the student has not used all of his/her allotted clinic leave time for the rotation, they must use any remaining clinic leave to cover an unscheduled absence. In the event that all the allotted clinic leave days have been used prior to an unexpected absence due to illness, then the intern will be required to make up that clinic session as directed by the service chief of the effected clinic service(s).

**Final Exams and National Board of Examiners in Optometry (NBEO)**

• Interns should plan to schedule NBEO Part I on a non-clinic day. NBEO offers four dates to choose from to schedule the exam, therefore, it should not be an issue to schedule the exam on a non-clinic day. If the intern decides to take Part I on a clinic day, they will be required to use clinic leave.

• Interns are excused from clinic services and the EWG on the day(s) that NBEO II testing occurs
[see special note about the NBEO Clinical Skills Exam (CSE)]. Although part II is an automatic excused absence, when scheduling Part II you MUST include the date of your exam in your leave request.

- With few exceptions, interns are excused from PVC, AOC and VT on the days that final exams occur. The exception to this rule is for final exams that occur in the morning when there is no final exam scheduled for the following day. For example, when there is a final exam on a Friday morning or a morning final is scheduled as the last final of a term, interns who have a patient care assignment typically scheduled on the same day in the afternoon should expect to be in PVC, VT or AOC that afternoon unless clinic leave was previously approved.
- Interns are excused from the Eyewear Gallery for finals ONLY if testing directly conflicts with the intern’s scheduled Eyewear Gallery rotation. For example: If an intern has a scheduled final on Tuesday morning and is scheduled to be in the Eyewear Gallery on Tuesday morning, the intern is excused. If the intern’s scheduled EWG rotation is Tuesday afternoon, the intern is expected to be in the Eyewear Gallery as scheduled unless the intern has approved clinic leave.

**Major Holidays**
- The College clinics will be closed on the holidays that the University is closed. **Interns with clinical rotations at the college will be excused on those days.** CHECK THE UNIVERSITY CALENDAR FOR SPECIFIC DATES at [http://registrar.osu.edu/](http://registrar.osu.edu/).

**Inclement Weather & Clinic**
- If the University closes due to inclement weather classes will be cancelled. However, the Clinics WILL remain open and all interns will be expected to report to clinic as assigned, unless they are notified otherwise.

**Special Engagements, Conferences, & Meetings**
- Attendance at special engagements, conferences, and meetings that result in absence from clinic require the use of clinic leave.

**Trading Clinic Days**
- Trades will be considered for special circumstances, if an intern has been unable to use clinic leave to be excused from PVC clinic. Trades with other interns MUST be approved by the PVC Clinic Chief, Dr. Dawn Goedde. Approvals can NOT come from the interns’ attending. Trades must occur within the same term as the leave is taking place and must occur with an intern that has the same attending. Trades are not guaranteed and will only be considered in special circumstances.

**Clinic Attendance or Leave Policy Non-compliance**
- All unscheduled or unapproved absences must be made up the by the end of the rotation or the student will receive an incomplete for the rotation. The make-up day and time will be determined by the Service Chief or the Director of Externs and the site preceptor of the practice experience missed.
- Patterns of unauthorized absences, excessive tardiness, or abusing the leave guidelines stated above must be reported immediately to the corresponding Associate Dean for Clinical Services or Director of Externs. Failure to adhere to these guidelines may affect the intern’s course grade and passage of the course.

**Primary Care Extern and In-House Clinic Leave Policy**
Patient care based courses within the curriculum of the College of Optometry are very important to help interns develop clinical reasoning skills and recognize the clinical presentations of entities discussed in their didactic classes. Adequate learning and adequate evaluation of that learning require that a minimum number of patient encounters be experienced by each intern. Students cannot miss a “class day” and “obtain the notes” from classmates for these patient care based courses. Interns must actively participate to develop the skills required to become a competent and efficient optometrist. In spite of this, however, the College recognizes that there are legitimate occurrences (e.g., illness, emergencies, special events, outside educational experiences, professional conferences, personal reasons) for which an intern might miss a clinic or Eyewear Gallery session. This policy specifies the rights and responsibilities of students regarding absences from their clinical training assignments.

Allotment of Clinic Leave Days

- Each intern/extern may be granted clinic leave to allow 1 missed clinic session of each assigned clinic experience throughout a given rotation. A clinic session is defined as a scheduled ½ day at a clinic site. For example, for a given rotation, an intern/extern may be excused for 1 Monday morning, 1 Monday afternoon, 1 Tuesday morning, etc. during a given rotation.
  - If the NBEO Clinical Skills Exam (CSE) is scheduled during the primary care extern or internal clinic rotation, the intern/extern will be granted **1 additional day of clinic leave for that rotation only** to help facilitate travel to/from the testing center in Charlotte, NC. Therefore, if the NBEO CSE is scheduled during either of these rotations, effected students may miss up to 2 of the same scheduled session on a specific ½ day clinic rotation. For example, (2) Monday mornings and (2) Monday afternoons could be missed that rotation if the NBEO CSE is scheduled on a Monday.
  - Since traveling to Charlotte for the NBEO clinical skills exam generally requires 1-2 days of leave, it may be beneficial to not schedule it during a rotation when you know you will need clinic leave for other reasons such as travelling for SVOSH, presenting at Academy, or family commitments. In addition, it will be beneficial to schedule NBEO CSE exam times on a Monday, Friday or Saturday so that some travel time will occur on the weekend and not require additional leave to be excused from scheduled clinic responsibilities during the week. Likewise, the NBEO clinical skills exam should be scheduled when you are at a site in closer proximity to the Charlotte testing center (such as when you are on internal rotations or PC extern rotations based in Columbus).
  - All interns and externs are excused from all clinic responsibilities on the day(s) that they take any written form of the NBEO Part II. Although NBEO part II is an automatic excused absence, it is offered on multiple testing dates (typically in December). When scheduling Part II you MUST include the date of your exam in your clinic leave request to the Clinic Coordinator.
  - No clinic leave is allowed the 1st week of a first time rotation in a specific internal clinic, outreach site, or SHC without obtaining special approval from the service chief of the clinic session to be missed.

Clinic Leave Request Deadline

- Clinic leave requests will be due 5 weeks prior to the start of the clinic rotation. Before the start of each rotation an email will be sent to Opt IVs regarding the clinic leave request deadline. You will need to consider any time you may need to take off for the upcoming rotation and submit your requests by the given deadline.
- Requests to miss clinic rotations while on Primary Care Extern or Internal Clinic Rotations (except EWG) should be sent via email to the Clinic Coordinator, Ashley Hill at hill.2150@osu.edu. The email subject line must read **CLINIC LEAVE.** The email must contain the day(s) of the week, the date(s), and the clinic rotation(s) to be missed.

**EXAMPLE**

Subject: CLINIC LEAVE
PC extern OD office: Tuesday March 20
• All requests for leave from EWG should be directly submitted to the Eyewear Gallery Chief, Jeff Rohlf at rohlf.4@osu.edu.

Clinic leave requests should be submitted no later than the pre-determined deadlines as described above. Patients will not be cancelled or rescheduled to accommodate inappropriate clinic leave requests. All clinic leave requests MUST be approved before any travel arrangements are made. The College retains the right to restrict or cancel any leave, or require make-up clinic sessions if deemed necessary for the student’s educational needs or proper patient care.

Clinic Leave Due to Illness or Unexpected Emergency
• Interns must email their attending and clinic chief, as well as, the Clinic Coordinator, Ashley Hill (hill.2150@osu.edu) and call clinic patient reception at 292-2020, ext. 1 as soon as possible when an unexpected illness or emergency keeps him or her from attending scheduled internal clinic rotation responsibilities.
• PC Externs must call the chief preceptor of the site to be missed and the Director of Externs immediately to arrange urgent, unexpected absences.
• If the student has not used all of his/her allotted clinic leave time for the rotation, they may use any remaining clinic leave to cover an unscheduled absence. In the event that all the allotted clinic leave days have been used prior to an unexpected absence due to illness, then the intern may be required to make up that clinic session as directed by the service chief of the effected clinic service(s).

Major Holidays
• The College clinics will be closed on the holidays that the University is closed. Interns with clinical rotations at the college will be excused on those days. CHECK THE UNIVERSITY CALENDAR FOR SPECIFIC DATES at http://registrar.osu.edu/.
• Extern sites do not follow the university holiday calendar; therefore externs are bound to follow the schedule of their assigned site.

Inclement Weather & Clinic
• If the University closes due to inclement weather classes will be cancelled. However, the Clinics WILL remain open and all interns will be expected to report to clinic as assigned unless they are notified otherwise.

Special Engagements, Conferences, Meetings
• Attendance at special engagements, conferences, and meetings that result in absence from clinic require the use of clinic leave.

Trading Clinic Days
• Trades will be considered for special circumstances, if an intern has been unable to use clinic leave to be excused from clinic responsibilities. Trades with other interns MUST be approved by the Service Chiefs only. Approvals can NOT come from the interns’ attending. Trades must occur within the same term as the leave is taking place and must occur with an intern that has the same attending. Trades are not guaranteed and will only be considered in special circumstances.

Clinic Attendance or Leave Policy Non-compliance
• All unscheduled or unapproved absences must be made up by the end of the rotation or the student will receive an incomplete for the rotation. The make-up day and time will be determined by the Service Chief or the Director of Externs and the site preceptor of the practice experience missed.
• Patterns of unauthorized absences, excessive tardiness, or abusing the leave guidelines stated above must be reported immediately to the corresponding Associate Dean for Clinical Services or Director of Externs. Failure to adhere to these guidelines may affect the intern's course grade and passage of the course.

**LEAVE POLICY DURING THE OCULAR DISEASE AND ADVANCED PRACTICE EXTERNS**

During the 4th year clinical rotation of the ocular disease extern and advanced practice extern, each intern/extern could be allowed up to 5 excused absences from scheduled clinical activities in a given quarter. Leave requests will comprise a maximum of 3 personal leave days and 2 professional leave days in a given term. Professional leave is intended to cover outside educationally enriching activities such as: professional meetings, SVOSH, residency/job interview, **AND THE NBEO CLINICAL SKILLS EXAM**. Personal leave days are intended for interns/externs to be excused from clinical activities at the extern’s discretion (vacations, weddings, family commitments, etc.)

During a given term, there may be occasions when a professional leave activity may require more than the 2 day allotment described above. To facilitate being excused for this circumstance, the extern will be required to utilize personal leave days to be excused for absences beyond the 2 professional leave allotments.

Since leave for the NBEO clinical skills exam counts as professional leave, it may be beneficial to not schedule it during a quarter when you know you will be needing personal or professional leave for other reasons such as travelling for SVOSH, presenting at Academy, or family commitments. In addition, since all NBEO clinical skills exams will require travel to Charlotte, NC it will be beneficial to schedule exam times on a Monday or a Friday so that some travel time will occur on the weekend and not require additional leave to be excused from scheduled clinic responsibilities during the week.

**Illness or Emergency**

• Externs must call or email the preceptor of the extern site, clinic staff (as many people as possible) as soon as possible when an unexpected illness or emergency keeps him or her from attending clinic services. Ultimately, the extern should follow the policy in place at the extern site that is set by their preceptor.

• Upon return to clinic rotations, it is the responsibility of the intern to check with the preceptor regarding make-up sessions or assignments.

**Intern Lab Coat Embroidery Policy (4/10)**

Student lab coats may be embroidered with the intern’s name, however, the following rules must apply:

• First initial (or initials) plus last name OR first name and last name. A decision to use first name or initial is the student’s decision; however, a longer first and last name may not fit and still be visible.
• No degree or title should be used (even if a Masters or PhD has already been earned).
• Black thread must be used and only one line of embroidery.
• Maximum letter height is 5/8”
• Either block print or script; however everyone in a given class should use the same print to encourage uniformity within a given class.
The name must be printed above the left breast pocket (above the patch).

Immunization and CPR Certification Policy (revised 3/15)

The Ohio State University College of Optometry is a primary health care center. As such we are mandated to take steps to help assure the safety and health of our staff, students and patients. Therefore, consistent with the recommendation from the Medical Director of the Ohio State University Student Health Services, ALL students must be current and compliant with our immunization standards to be eligible to participate in patient care in any of our internal and external clinic sites. Student immunization compliance is mandatory by November 1 of the first year (first patient care rotation). Agreement to follow our immunization policy is a requirement for admission to The Ohio State University College of Optometry.

Effective autumn 2013, all students entering The Ohio State University College of Optometry and all interns involved in patient care must meet the following health requirements:

- Completion of the Immunization Record and History of Past Infection on The Ohio State University Health Service form entitled *Immunization and Health Screen*. The form must be sent to the Wilce Student Health Services upon matriculation. This documentation will substantiate the completion of the following vaccinations or tests:
  - Measles, Mumps, Rubella (MMR)- second vaccine or positive serum antibody titer
  - Tetanus/Diphtheria/Pertussis (Tdap) required for booster
  - Varicella (Chickenpox) health provider documented two vaccines or a positive titer is required
  - Hepatitis B documented all vaccine dates and a copy of positive serum antibody titer required
  - Tuberculin skin test (PPD) is required annually. If no previous TB tests in the past year, a 2-step Tuberculin skin test is required.
    - If PPD is positive, a chest x-ray will be performed.
    - If chest x-ray is positive, documentation of appropriate treatment must be provided
    - The initial PPD is due by November 1 during the year of matriculation. Beginning the year of matriculation the PPD must be repeated each April. This will ensure compliance throughout the following academic year.
  - Influenza vaccine is required by November 1.

Interns Starting Clinical Rotations:
All immunizations are required to be completed by November 1 of the student’s year of matriculation. If immunizations are not updated by the deadline the student cannot be enrolled in classes or clinic for spring term. Students who are non-compliant will not be permitted to continue in clinical rotations or begin classes until compliance is met.

Questions about satisfying these health requirements should be addressed to the Wilce Student Health Services, the Preventive Medicine Program Coordinator at preventivemedicine@osu.edu or by phone at 614-247-2387.

All immunization and health screening information must be sent directly to the Wilce Student Health Services. There are multiple routes to submit your information to Wilce Student Health Services:

1. Submit through BuckMD. When submitting through BuckMD be sure to select document type as “Health Records – Health Professional Students” DO NOT USE “Vaccination Requirement Documentation”. When selecting “Health Records – Health Professional Students” it will direct your immunization information to the correct department within Student Health Services.
2. Via mail by sending it to 1875 Millikin Road, Columbus, OH 43210

3. Via fax to the Preventive Medicine Program Coordinator at 614-292-6001. Please include your first/last name, DOB and your University Student ID number on ALL pages of the documents submitted.

4. Via email at preventivemedicine@osu.edu. Please include your first/last name, DOB and your University Student ID number on ALL pages of the documents submitted.

The Student Health Services website has up to date information regarding immunization programs and costs at http://shc.osu.edu/

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**IMMUNIZATIONS and HEALTH SCREEN**

Student Health Services  
1875 Millikin Road  
Columbus, OH 43210 – 2200  
Phone: 614-292-0146 or 614-247-2387  
Fax: 614-292-6001  
Preventivemedicine@osu.edu

<table>
<thead>
<tr>
<th>Name</th>
<th>OSU e-mail (if known)</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Please have this form completed by your physician and return it to Preventive Medicine at Student Health Services by mail, fax or e-mail. **Please include your name, date of birth and College of Optometry on any attachments you submit.** Needed health screen requirements may be completed at the Wilce Student Health Center. To schedule an appointment with the Preventive Medicine Nurse call 614-292-4321. **All requirements must be complete by the beginning of the Spring Semester of the first year.**

**PRIVACY INFORMATION:** Student Health Services will exchange health information with your academic program only for purposes of determining compliance with program requirements under the Family Educational Rights and Privacy Act (FERPA).

**IMMUNIZATION RECORD AND HISTORY OF PAST INFECTION**

1) **MMR** (measles, mumps, rubella) 2 doses required

   **Vaccine Dates:**  
   #1__________________________  
   #2__________________________  

   **OR: Documentation of positive serum antibody titers**

2) **Varicella** (chicken pox) 2 doses required
Vaccine Dates:  #1__________________________
#2 __________________________

OR: Documentation of positive serum antibody titers

3) **Tdap** (tetanus/diphtheria/pertussis)
   
   Date of Tdap: ____________________________

   NOTE: If you have never had one, an adult Tdap injection is required regardless of the date of any previous Td booster.

Name  Date of Birth

4) **Hepatitis B**
   
   Copy of positive serum antibody titer lab report required
   
   Vaccine Dates:  #1__________________________
#2 __________________________
#3 __________________________

   Surface antibody titer date:___________________ Results ____________________

   Note: A positive result means protective immunity has been achieved. If the result is negative, the Hepatitis series and titer must be repeated.

5) **2-Step Tuberculin skin test**
   
   Students with BCG vaccine are recommended to get the Quantiferon Gold test instead of PPD testing
   
   PPD testing may be done at SHS. **Testing done elsewhere must meet the following criteria:**

   - Must be a MANTOUX (intradermal) PPD test
   - Must be read by a licensed Physician or Registered Nurse
   - Result must be documented in mm and forwarded to Student Health Services

   - Can be the IGRA blood test for TB
   - Must provide proof of a Negative test result

   ⭐ For previous positive TB test, please send documentation along with chest x-ray report within past year

   #1 PPD Date given: _________________  #2 PPD Date given: _________________
   #1 PPD Date read: _________________  #2 PPD Date read: _________________

   Result: ____________________________ mm  Result: ____________________________ mm
6) **Influenza Vaccine** by October 31. (Available at Student Health Center)

**PHYSICIAN INFORMATION**

Name (printed) ____________________________________________________

Address: ______________________________________________________

Phone: ____________________________

Signature: ______________________________________ Date: ______________________

**CPR Certification:**

All interns will be required to maintain the specified CPR Certification throughout their educational tenure. The acceptable course is the 2 year certification [BLS for Healthcare Providers - Classroom](#) from the American Heart Association. Only in-person courses will be accepted. The first CPR Certification must be completed between May 1 and November 1 of the year of matriculation prior to the beginning of the first clinical experience. CPR certifications completed before May 1 of the year of matriculation will need to be repeated. Failure to obtain certification by November of the year of matriculation may result in the loss of clinic privileges and advancing to OPT I clinical rotations. Regardless of when their initial CPR certification expires, students will be required to update their CPR certification by June 1 during the summer semester of their third year. Documentation of both CPR certifications will be required to submit to the Clinic Coordinator. CPR non-compliance may result in the suspension of clinic privileges and the inability to complete required clinic rotations.

**Professional Dress Policy (revised 04/2016)**

To maintain a professional environment for the delivery of healthcare services, those involved in the delivery of care must maintain appropriate appearance and dress at all times. Therefore, this policy applies to all student workers, interns, faculty, attendings and staff who enter and work in the clinic areas with direct patient care, including The Eyewear Gallery for Great Vision. Failure to adhere to the following policy may result in individuals being sent home, loss of clinic encounters, a reduction in clinic grades, loss of wages, or suspension of clinic privileges. Requests for exemption from particular aspects of the dress code based on religious practices or medical conditions should be made in writing to the Associate Dean for Clinical Services.

**MEN**
Interns and attendings must wear a clean, white, pressed clinic jacket with firmly adhered College of Optometry patch on upper left pocket
  - Short white jacket for interns and long white jacket for attendings
  - White clinic jackets are optional in the Pediatrics Service or when there are climate control problems in other services.
  - Clinic Staff, The Eyewear Gallery for Great Vision staff, OPT I interns and student workers are not required to wear a white clinic jacket

- College name tag
- Pressed dress shirt, must be tucked in
- Necktie
- Dress sweater allowed with necktie
- Pressed dress pants
  - Pants should sit at the natural waist and not ride excessively low
  - A belt or suspenders should be worn while in clinic
  - No skin at the waistline should be visible
  - No pockets sewn on the outside of pants, this includes corduroy and cargo pants
  - No denim of any kind (pants or shirts)
  - No shorts
- Undergarments must not be visible at any time
- Socks to be worn at all times
- Dress shoes (should be clean and well kept)
  - Dress boots allowed (no work boots, hiking boots, or outdoor boots)
  - No casual shoes (boat shoes) or athletic/tennis shoes
  - No sandals or flip flops
- No hats are allowed
- Personal hygiene should be well maintained including clean and odor-free body, hands, and breath
  - Hair should be well kept and not obtrusive
  - No visible piercings other than the ear
  - No visible tattoos
  - Men should be clean shaven or have a well-groomed mustache, goatee, or beard

**WOMEN**

- Interns and attendings must wear a clean, white, pressed clinic jacket with firmly adhered College of Optometry patch on upper left pocket
  - Short white jacket for interns and long white jacket for attendings
  - White clinic jackets are optional in the Pediatrics Service or when there are climate control problems in other services.
  - Clinic Staff, The Eyewear Gallery for Great Vision staff, OPT I interns and student workers are not required to wear a white clinic jacket
- College name tag
- Pressed dress shirt or blouse
  - Sleeveless shirts are permitted only if worn under a clinic jacket
Shoulder straps of sleeveless shirts must be wide enough to fully cover undergarments

- Dress sweaters are acceptable
- No visible spaghetti straps
- No low cut blouses or dresses where cleavage is exposed
- No strapless tops, tube tops, or halter tops

○ Pressed dress pants
  - Pants should sit at the natural waist and not ride excessively low
  - No skin at the waistline should be visible
  - Capri pants length must be at least six inches below the knee and may not be tight fitting
  - No pockets sewn on the outside of pants, this includes corduroy and cargo pants
  - No denim of any kind (pants, skirts, dresses, or shirts)
  - No shorts, leggings, stirrup pants, or tight fitting pants

○ Dress skirt or dress
  - Skirts must be at least knee length
  - Hose/stockings must be worn with skirts except with full length skirts, dresses, or dress pants

○ Undergarments must not be visible at any time

○ Dress shoes or dress boots (should be clean and well-kept)
  - Heel height should not be over 3 inches high
  - Open toed/peep toed shoes are allowed. Toenails must be well kept.
  - Dress shoes with an open heel are acceptable
  - Dress boots allowed (no work boots, hiking boots, or outdoor boots)
  - No casual shoes (boat shoes) or athletic/tennis shoes
  - No sandals or flip flops

○ No hats allowed

○ Personal hygiene should be well maintained including clean and odor-free body, hands, and breath
  - Hair should be well kept and not obtrusive
  - No visible piercings other than the ear
  - No visible tattoos
  - Fingernail and toenail polish may be worn but must be well maintained (no chipping, etc.)

Policy Governing Student Practice of Clinical Procedures

As of early 2008, the southwest door to Starling-Loving Hall that faces Hamilton Hall has been secured with a key card access that allows optometry students access to the building at all hours. This facilitates students’ ability to practice their clinical procedures. This policy governs that practice ability. Professional behavior and appropriate, meticulous care of facilities and equipment is expected.

Practice sessions unsupervised by faculty

- Students may access pre-clinic areas only. Clinic areas that are devoted to patient care are locked after hours and should remain locked.
- Only optometry students are allowed to participate in these practice sessions.
- Practice patients’ pupils can only be dilated using tropicamide eye drops.
Practice of techniques that require corneal contact (e.g., tonometry, gonioscopy) are not allowed.
If a problem arises, the on-call optometrist should be contacted at 614-292-2020.

Practice sessions supervised by faculty
- A supervising faculty member must be present in either Fry or Starling-Loving Halls during a supervised practice session.
- Both the pre-clinic and clinical areas can be used, but the supervising faculty member is expected to secure the clinical areas and clinical equipment at the end of the session.
- All diagnostic drops can be used.
- All procedures can be performed.
- Practice “patients” other than optometry students can participate.

Vision Screening by Student Organizations Policy (06/09)

Overview
The College of Optometry receives requests from outside organizations to perform vision screenings. Currently there is no policy regarding the conduct of a vision screening. These omissions mean that several vision screening opportunities may not be fulfilled.

Vision Screening
Vision screenings involve detection of vision problems using a variety of optometric procedures, but diagnoses and treatments are never provided. Patients who are not capable of a specified level of visual function must be referred for further evaluation by an eye care practitioner. Health fairs that ask the College of Optometry to distribute educational information are not covered by this policy.

Liability
As long as the vision screening is a College of Optometry-sanctioned event, the people performing the vision screenings are covered under the University malpractice insurance policy. In order to be a College of Optometry-sanctioned event and to be covered under the University malpractice insurance policy, the vision screening must be arranged according to the following protocol.
- All requests for vision screenings must be made through the Associate Dean.
- A faculty member licensed to practice optometry in the state of Ohio must be present during the entire vision screening performed by any student group.
- Only student groups registered with The Ohio State University Office of Student Affairs are eligible to participate in College of Optometry-sanctioned vision screenings.

Vision screenings performed outside the parameters described in this policy are not covered by University malpractice insurance, and the people performing the vision screening are liable for their own actions.

Payment
Student groups performing a vision screening may receive payment for their services. Student groups may not receive more than $200 for performing a vision screening. Student groups that wish to perform vision screenings as a service activity and not charge for services may do so at their discretion.

Student Organization Vision Screening Request Form
Screening request forms should be submitted to the Associate Dean at least 2 weeks in advance of the screening date.

Date: ____________________________________
Student Organization Contact Person: _______________________________________
Student Organization: ____________________________________________________
Date of requested screening: ______________________________________________
Screening location: ______________________________________________________
Specific audience to be screened: __________________________________________
Approximate number to be screened: ________________________________________
Approximate ages to be screened: __________________________________________
Faculty member(s) participating in screening: _________________________________
Approval Signature: _____________________________________________________
Date: _______________________________________

**Shadowing Policy for Eye Care Professionals and Other HIPAA Trained Individuals (revised 3/2014)**

Shadowing clinical attending optometrists by HIPAA trained eye care professionals, physicians and other health care providers is permitted under certain circumstances. Approval to shadow must be secured in advance by from the Associate Dean for Clinic Services. Patients being observed must verbally agree to the shadowing.

Shadowing optometry interns is not permitted.

Shadowing by non-optometry students is not permitted.

*Prior to Shadowing examinations and procedures performed at The Ohio State University Optometry Services, all authorized individuals and their designees must read and sign individual copies of this agreement.*

**THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT** (Henceforth referred to as "Agreement") is entered into this ___ day of ________________, 20___, by and between The Ohio State University College of Optometry and ______________________________________________________

(Printed Name)

(Henceforth referred to as "Individual"), regarding the Individual’s responsibilities and obligations involving the privacy, confidentiality, and security of Protected Health Information (Henceforth referred to as "PHI").

The Ohio State University College of Optometry presents these patient’s rights with the expectation that observance of patient rights will contribute to more effective patient care and greater satisfaction for the patient, the doctor and the clinical organization. Furthermore, the College expects that they will be supported by the clinic on behalf of its patients, as an integral part of patient care. A personal relationship between the doctor and the patient is essential for the delivery structure.
The patient has the right to considerate and respectful care. A patient has the right to receive the institution's highest quality care regardless of race, creed, religion, national origin, socio-economic status, gender, or sexual orientation.

The patient has the right to every consideration of privacy concerning his/her own health care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved with the eye care must have the permission of the patient to be present.

The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential, except when those rights are formally waived or is required by law.

No catalogue of rights can guarantee for the patient the kind of treatment he/she has a right to expect. The clinic has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All of these activities must be conducted with an overriding concern for the patient, and above all, the recognition of their dignity as human beings. Success in achieving this recognition assures success in conjunction with the rights of the patient.

(Signature)

In witness whereof, the parties (College and Assignee) hereto have caused this Agreement to be duly executed as of

__________________________________________

(Date)

The assignee's signature below represents the activation of this Agreement. Signatory may not remove or record any electronic or paper PHI.

Signatory has read and agrees to abide by the confidentiality regulations regarding PHI at The Ohio State University College of Optometry. See attached Notice of Privacy Practices.

Eye Care Professional attests he/she has received HIPAA instruction.

By: __________________________________________

(Signature)

The Externship Clinical Programs

Clinical externships account for three of the four terms of clinical rotations during the fourth year of training. Primary Care Clinical Externship Program consists of eight half days per week for one thirteen week rotation and twelve credit hours.
Under the direct supervision of licensed optometric faculty and/or Board Certified Ophthalmologists, the Optometric Extern is provided with advanced clinical training to a diverse population in settings that include private optometric offices, private ophthalmologic offices, co-management centers, surgical centers, and the optometry services at the OSU Wilce Student Health Center.

The Disease Clinical Externship Programs consists of five full days per week for a thirteen week rotation and fifteen credit hours.

This experience provides the extern with advanced clinical education in the diagnosis, management, and treatment of conditions of the visual system. The Disease Externship offers the interns the opportunity to deliver comprehensive eye care to patient groups that are diverse in race, customs, cultures, age, and socioeconomic level. Patient care is provided by licensed optometric faculty and/or Board Certified Ophthalmologist, in health care settings like Veterans Administration centers, Co-Management centers, Indian Health Services, Community Health centers, and military facilities.

The Advanced Practice Externship consists of five full days per week for a thirteen week rotation and fifteen credit hours. This experience provides increased exposure to a particular aspect of eye care including but not limited to advanced ocular disease, pre and post operative management of ocular surgery, advanced contact lens fitting, pediatric optometry, vision therapy, or low vision. Examples of advanced practice extern sites include co-management centers, Indian health services, community health centers, contemporary optometric private practices, ophthalmology practices, and military facilities.

The most current instrument technology, diagnostic, and therapeutic pharmaceuticals are used in all clinical settings to ensure that quality care is provided to the patients and to ensure quality clinical education for the optometric interns/externs.

Chapter 2: Patient Care

Clinic Services

The Ohio State University Optometry Services are:

- Advanced Ocular Care Service
- Aniseikonia Service
- Binocular Vision & Pediatrics Services
- Contact Lens Service
- Environmental Vision Service
- The Eyewear Gallery for Great Vision
- Primary Vision Care Service
- Low Vision Rehabilitation Service
- Vision Therapy Service

Orientation manuals are supplied by each clinic service. Please refer to these manuals for specific policies and procedures.
Outreach Clinic Services

The Outreach Clinical Programs are designed to bridge the health care gap between the community and The Ohio State University Optometry Services by incorporating the needs of the community into the clinical training of the student interns. The Outreach Clinical Programs afford the interns the opportunity to deliver comprehensive eye care to patient groups that are diverse in race, customs, cultures, age, and socioeconomic level. The Outreach Clinical Programs provide the intern with advanced clinical education in the diagnosis, management, and treatment of conditions of the visual system. The interns also learn to modify their examinations to complement the cultural differences in the patients whom we serve. The interns, the attending optometrists, and staff attend a mandatory seminar on providing culturally competent examinations to better meet the needs of the community of patients in our care. Patient care is provided in various settings including homeless shelters, community clinics, public schools, a psychiatric hospital, the School for the Blind, nursing homes, and in patient homes under the direct supervision of licensed optometric faculty practicing full-scope optometry.

Statement of Patient’s Rights

The Ohio State University College of Optometry presents these patient’s rights with the expectation that observance of patient rights will contribute to more effective patient care and greater satisfaction for the patient, the doctor and the clinical organization. Furthermore, the College expects that they will be supported by the clinic on behalf of its patients, as an integral part of patient care. A personal relationship between the doctor and the patient is essential for the delivery structure.

1. The patient has the right to considerate and respectful care. A patient has the right to receive the institution’s highest quality care regardless of race, creed, religion, national origin, socioeconomic status, gender, or sexual orientation.

2. The patient has the right to obtain from the doctor information concerning the diagnosis, treatment, and prognosis in terms the patient can understand. In the rare case that it is not professionally advisable to give such information to the patient, the information should be made available to an appropriate and legally authorized person on behalf of the patient. A patient has the right to know, by name, the doctor responsible for coordinating the care.

3. The patient has the right to receive from the doctor information necessary to give consent prior to referral for an additional care program and/or therapy. Except in cases of emergency, such information for consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the health risks involved and the probable duration of treatment, and the significant alternatives for care and/or treatment. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such an action.

5. The patient has the right to every consideration of privacy concerning his/her own healthcare program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved with the eye care must have the permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential, except when those rights are formally waived or is required by law.

7. The patient has the right to expect that, within its capacity, the clinic must make reasonable response to the request of a patient for services. The clinic must provide evaluation, service, and/or referral as indicated by the urgency of the care. When necessary, a patient may be referred to another facility or provider of health services only after receiving complete information and an explanation concerning the need for and alternatives to such a referral. The providers or institution to which the patient is being referred should receive full information regarding the need for additional consultation and treatment upon the consent of the patient.
8. The patient has the right to obtain information about any relationship of the clinic to other health care and education institutions as far as his/her care is concerned. The patient has the right to obtain information about the existence of any professional relationships among named individuals who are providing treatment.

9. The patient has the right to be advised if the clinic proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects and to receive more traditional care, or be referred for such, if it is available.

10. The patient has the right to expect continuity of care. The patient has the right to know, in advance, what appointment times and services are available and where. The patient has the right to expect that the clinic will provide a mechanism whereby the doctor or a delegate of the doctor will provide information concerning the patient's continuing health care requirements following treatment.

11. The patient has the right to seek other opinions regarding his/her condition, prognosis, and course of therapy. The patient may choose to seek this opinion from within the resources of the clinic or may wish to have an opinion of a practitioner outside the clinic. If an opinion from outside the clinic is sought, the patient has the right to expect our full cooperation in providing any information we have obtained to the practitioner of choice, after a release of information has been signed.

12. The patient has the right to ask for and to be informed of all professional fees, or an estimation of professional fees prior to the provision of services. The patient has the right to examine and receive an explanation of the bill regardless of the source of payment.

13. The patient has the right to know that review procedures exist and has the right to be advised of how they may be initiated.

No catalogue of rights can guarantee for the patient the kind of treatment he/she has a right to expect. The clinic has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All of these activities must be conducted with an overriding concern for the patient, and above all, the recognition of their dignity as human beings. Success in achieving this recognition assures success in conjunction with the rights of the patient.

**Statement of Patient’s Responsibilities**

1. The patient has the responsibility to provide to the best of his/her ability, accurate and complete information about present complaints, past conditions, medications, unexpected changes in condition, and other matters pertinent to his/her health.

2. The patient has the responsibility to understand and follow the treatment plan recommended by the provider or to ask questions and discuss concerns with the provider when he/she does not understand or agree with the plan of treatment.

3. The patient has the responsibility to keep appointments reliably and promptly or to notify the Optometry Services when unable to do so.

4. The patient has the responsibility to fulfill financial obligations for his/her care in a timely manner.

**Eyecare Service and Material Discounts and Educational Visit Policy (06/2016)**

Any patient examined at The Ohio State University Optometry Services, including optometry faculty, staff and students, whether using any form of discount or not must have a scheduled appointment during normal business hours and must be examined by a licensed, clinic-credentialed optometrist. All other clinic policies and procedures including complete medical record documentation, billing and coding must be followed for all patient visits.
OSU Optometry Faculty and Staff:

Service Discounts:

- OSU Optometry faculty and staff are eligible to be scheduled in any appropriate clinic service during normal business hours.
  - Usual and customary fees will be applied when using their vision or medical insurance. Waiving of co-payments violates contract agreements with insurance companies and is strictly prohibited.
  - All services not subject to third party coverage are eligible for a 20% discount off the usual and customary fee.
  - Faculty and staff can extend a 20% discount on services not subject to third party insurance contracts (i.e. private pay) to immediate family members (i.e. grandparents, parents, spouses, domestic partners, children, and siblings).
- Faculty and staff of The Ohio State University College of Optometry are eligible for a complimentary comprehensive examination by an OPT II intern during spring semester.

Material Discounts:

- OSU Optometry faculty and staff at .5 FTE or higher will be eligible for one pair of prescription eyewear (frame, lenses, and add on features) or plano sunwear per academic year at a retail discount of 50% off usual and customary fees.
  - This benefit will reset each academic year at the beginning of summer clinic semester.
  - This benefit is non-transferrable to any friend, family member, other faculty, staff or student.
  - This benefit cannot be combined with any other discounts including 3rd party eyewear coverage.
- Eyewear purchased with any 3rd party coverage (e.g. VSP) will follow standard pricing and discounts pursuant to the level of coverage with the specified plan. No other discounts can be applied or combined when using 3rd party coverage to order eyewear. Waiving of co-payments violates contract agreements with insurance companies and is strictly prohibited.
- Additional private pay eyewear orders (outside of either scenario described above) will be subject to a retail discount of 20% off usual and customary fees.
  - This 20% private pay eyewear discount is also applicable for immediate family members (i.e. grandparents, parents, spouses, domestic partners, children, and siblings).
- There will be a 15% discount off of usual and customary retail contact lenses material purchases.
  - This benefit is for OSU faculty and staff with .5 FTE or higher only and is non-transferrable to any friend, family member, other faculty, staff or student.
  - This benefit cannot be combined with any material purchase subject to 3rd party payment.
  - This discount is not valid on specially contracted brand materials (such as UPP)
  - All standard shipping fees still apply.
College of Optometry Professional Students:

Service Discounts:
- OSU Optometry students are eligible to be scheduled in any appropriate clinic service during normal business hours.
  - Usual and customary fees will be applied when using their vision or medical insurance (including OSU Student Health Insurance). Waiving of co-payments violates contract agreements with insurance companies and is strictly prohibited.
  - When being seen for a comprehensive examination, a sensorimotor exam, or 99xxx office visit, students have the option of paying a fee that is equal to the co-payment for a student with student health insurance.
  - For diagnostic tests, any accepted medical insurance may be applied.
- OSU Optometry students are eligible for a complimentary comprehensive examination by an OPT II intern during spring semester.
- The contact lens evaluation fee portion of a comprehensive eye exam will be waived for all OSUCO students when no change in contact lens prescription is made. The standard contact lens fitting and refitting fees do not apply to optometry students. A special optometry student CL fitting fee of $20 will be assessed for OSUCO students who wish to be newly fit with contact lenses or re-fit into a different type of contact lenses. There will be no variation in fitting fees depending on the type of contact lens or complexity of the fit. The optometry student fit fee will cover the necessary visits for up to 3 months following the initial fitting visit.
- For orthoptic therapy visits (92065) optometry and vision science graduate students at OSUCO have the option of using their medical insurance (including any co-pays) as a covered service OR paying a discounted rate of 50% off the usual and customary fees if private pay.
- Immediate family of OSUCO students including grandparents, parents, spouses, domestic partners, children, and siblings will be extended a 50% discount on services not subject to third party insurance contracts (i.e. private pay). This includes comprehensive examination, refraction, contact lens fits and re-fits, and all other procedures (i.e.: E/M office visit and CPT codes).

Material Discounts:
- OSU Optometry students will be eligible for a maximum of 4 pairs of discounted eyewear per academic year. This benefit can include prescription eyewear (frame, lenses, and add on features) or plano sunwear at the following discounts:
  - A retail discount of 50% off usual and customary fees for any ophthalmic frame as part of a complete eyeglass order.
  - A retail discount of 75% off usual and customary lens fees for any order using pre surfaced stock lenses edged in-house.
  - A retail discount of 50% off usual and customary lens fees for any surfaced lens that must be manufactured offsite.
  - A retail discount of 50% off usual and customary fees for any plano sunwear.
  - This benefit will reset each academic year at the beginning of summer clinic semester.
  - This benefit cannot be combined with any other discounts involving 3rd party eyewear coverage other than OSU Student Health Insurance.
  - This benefit cannot be combined with any student eyewear package.
This benefit can be used for a friend or family member at the student's discretion.
- This benefit is not transferrable to any other optometry student, faculty, or staff.
- There will be a 15% discount off of usual and customary retail contact lenses material purchases.
  - This benefit is for OSU optometry students only and is not transferrable to any friend, family member, other student, faculty, or staff.
  - This benefit cannot be combined with any material purchase subject to 3rd party payment other than OSU Student Health Insurance.
  - This discount is not valid on specially contracted brand materials (such as UPP)
  - All standard shipping fees still apply.
- Some contact lens manufacturers offer educational contact lens evaluation programs to optometry students in order for students to experience different types of contact lenses. These programs are available only to optometry students who have not earned an OD degree. Specific guidelines from the manufacturer must be followed.
- Orthoptic therapy equipment not covered by a 3rd party will be provided at a 40% discount off usual and customary fees for optometry and vision science graduate students of The Ohio State University. This benefit is for OSU optometry students only and is not transferrable to any friend, family member, other student, faculty, or staff.

Other Service Discounts

- Educational Visits
  Service Chiefs (in consultation with the Associate Dean for Clinic Services) may grant educational visits at no charge in rare situations to provide an intern with a specific patient experience. Service Chiefs (in consultation with the Associate Dean for Clinical Services) may grant ongoing benevolent care to indigent patients who they firmly believe are unable to pay for services, even with a payment plan, and who would benefit from care.

- Orthoptic Therapy
  For orthoptic therapy visits (92065) any current student at The Ohio State University has the option of using their medical insurance (including any co-pays) as a covered service OR paying a discounted rate of 35% off the usual and customary fees if private pay. This benefit is for OSU students only and is not transferrable to any family member or other dependents.

Other Material Discounts

- All of the following discounts cannot be combined with any other offer, promotion, or purchase involving 3rd party payment.
  - A 50% eyewear discount off of usual and customary fees will be applied for patient encounters that have been approved to use the Vision Care Fund or Children's Vision Fund.
  - Eyewear purchased under an approved research study within the Wildermuth Research Clinic with be subject to the following Research Study Discount:
    - A retail discount of 75% off usual and customary fees for any order using pre surfaced stock lenses edged in-house.
    - A retail discount of 50% off usual and customary fees for plano sunwear and any surfaced lens that must be manufactured offsite
- 20% discount on frame and/or ophthalmic lenses offered to University faculty and staff when not eligible under the university vision plan.
- 20% discount on a frame offered to patients with a valid Golden Buckeye Card with the purchase of ophthalmic lenses.
- 40% discount on frame and ophthalmic lenses offered to patients on a second complete pair of spectacles purchased the same day without any 3rd party coverage for the second complete pair. This offer is limited to complete pairs purchased for the same patient on the same day.
- A 30% discount off of usual and customary retail fees for low vision devices will be applied for patient encounters that have been approved to use the Low Vision Support Fund.
- Safety eyewear for employees of OSU Facilities Operations and Development and the Department of Utilities will be provided from a select group of frames and lens designs at the flat fee of $200 for single vision complete pairs and $250 for bifocal complete pairs.
- Other discounts may be given at the discretion of a service chief with the approval the Associate Dean for Clinic Services to ensure patient satisfaction.

Nondiscrimination Policy

The policy of The Ohio State University, both traditionally and currently, is that discrimination against any individual for reasons of race, color, creed, national origin, religion, sex, sexual orientation, age, disability, or Vietnam-era veteran or other veteran status is specifically prohibited. Accordingly, equal access to employment opportunities, admissions, educational programs, and all other University activities is extended to all persons, and the University promotes equal opportunity through a positive and continuing affirmative action program. The Office of Human Resources, 1590 N. High St, Suite 300, 614-292-1050, is responsible for the coordination of matters relating to equal opportunity and affirmative action.

The University adheres to federal and state law prohibiting discrimination, including Title VII of the Civil Rights Act of 1964, as amended, Title IX, Section 504 of the Rehabilitation Act and O.R.C. Section 4112.

Patient Complaint Procedure

All possible care will be taken to see that each patient has a satisfactory experience at the clinic. If a patient expresses dissatisfaction with any service or materials, empathy will be shown reflecting our concern that the patient is dissatisfied. He/she will then be referred to the intern and attending originally involved for more specific management.

If the intern, the attending, or other staff members are unable to resolve the complaint, the patient will be referred to the Service Chief for final disposition of the case. If necessary, the Assistant Clinic Director, the Associate Dean for Clinical Services, and/or the Associate Dean of Academic Affairs or Dean of the College are also available to resolve patient complaints and should be contacted in that order.

If a patient has a complaint regarding non-clinic related problems, such as a parking ticket, he/she will be referred to the Assistant Clinic Director or the Associate Dean for Clinical Services or the appropriate University department.
Termination of Care

Patients who are abusive, disruptive, or pose a threat to others:

- Termination of care of patients who are abusive, disruptive, or pose a threat to others will be determined by the attending doctor involved, the Clinic Chief, and/or the Clinic Director.
- If the situation warrants immediate action, the examination may be interrupted and the patient instructed to leave the clinic. If faculty or staff anticipates a violent reaction, notify OSU Police (292-2121) to request a standby officer BEFORE instructing the patient to leave.
- Any observed abusive or aggressive behaviors will be immediately recorded in the patient’s medical record.
- A certified termination letter will be sent informing the patient that he or she will not be scheduled for additional eye care and will only be seen in our clinics for ocular emergencies during a 30 day period. A list of eye care providers and a records release form will be enclosed. (See Example A below)
- Print confidential on letter
- All termination letters must be reviewed by the Clinic Chief and approved by the Clinic Director.

Sample Termination Letter for disruptive, abusive patients:  (Send Certified Mail)

Dear:

This letter serves as official notification that The Ohio State University Optometry Services will no longer be your eye care provider. The reason for this decision is (insert reason).

Effective immediately, we consider our long term doctor/patient relationship terminated. We will be able to provide emergency eye care only for the next 30 days. This allows you adequate time to choose another eye care provider. Enclosed is a list of eye care providers and an authorization form that permits The Ohio State University Optometry Services to send a copy of your medical records to you or your new doctor. (Enclose list of providers and a HIPAA Records Release form) If you wish to have your records forwarded you must complete the form and return it to The Ohio State University Optometry Services at 338 West 10th Avenue, Columbus, OH 43210.

Sincerely,

Encl:  Authorization for Release of Identifying Health Information form
Eye Care Provider List

Non-Compliant High Risk Patients:

- Patients will not be abandoned.
- Missed appointments and noncompliant behaviors will immediately be documented in the medical record.
- For a patient with ongoing treatment paradigms, efforts to complete those treatment plans and educate the patient on the importance of continued care will be made and documented.
- Verbal conversations (including phone) and written correspondence (including email) will be documented in the medical record.
- If the non-compliant high risk patient cannot be reached by phone or email, the Clinic Chief should be notified and a letter sent educating the patient about their condition and the importance of maintaining care by following the treatment plan and keeping appointments. (see example B below)
- When a High Risk patient does not show for an appointment, the intern assigned to the no show patient will check with Clinic Staff for information about the situation. The intern will work closely with Clinic Staff to congenially attempt to reschedule the patient.
- If the non-compliant high risk patient repeatedly does not follow the treatment plans, a decision to terminate care will be made by the Clinic Chief and the Clinic Director. A letter terminating
care will be sent via certified mail. A list of eye care providers and a records release form will be enclosed. (See Example C below)

- Print confidential on letter
- All termination letters must be reviewed by the Clinic Chief and approved by the Clinic Director.

**Sample Policy Letter for non-compliant high risk patients:**

Dear:

You have been diagnosed with (insert condition). You have been instructed about the risks associated with this condition and informed (choose one)
- about the need for follow up care
- that this condition should be monitored

At your (date) appointment, we recommended you return to our clinic for continuing care, but you (choose one)
- failed to report for the appointment.
- did not reschedule an appointment.

We cannot provide appropriate care if you do not keep your appointments. Please contact our office to schedule an appointment. Future missed appointments may require us to terminate our doctor/patient relationship because we cannot ensure proper care of your medical condition. If you do not wish to return to The Ohio State University Optometry Services for care we recommend you promptly schedule an appointment with another eye care practitioner.

If our records are in error, please call us at 292-2020.

Please call The Ohio State University Optometry Services to schedule a follow up appointment so that we may continue to care for your eye health.

Sincerely,

**Sample Termination Letter for non-compliant high risk patients:**  (Send Certified Mail)

Dear:

You have been diagnosed with (insert condition). You have been instructed about the risks associated with this condition and informed (choose one)
- about the need for follow up care
- that this condition should be monitored.

At your (date) appointment, we recommended you return to our clinic for continuing care, but you (choose one)
- failed to report for the appointment(s) on (List all missed appointments)
- did not reschedule an appointment.

Because you are not complying with our professional recommendations, we find it necessary to discontinue our service as your eye care provider.

Therefore, as of (2 weeks from date of letter), we will consider our doctor/patient relationship terminated. We will be able to provide emergency eye care only for the next 30 days. This allows you adequate time to choose another eye care provider. It is your responsibility to obtain adequate medical care for your condition. Enclosed is a list of eye care providers and an authorization form that permits The Ohio State University Optometry Services to send a copy of your medical records to you or your new doctor. (Enclose list of providers and a HIPAA Records Release form) If you wish to have your records forwarded you must complete the form and return it to The Ohio State University Optometry Services at 338 West 10th Avenue, Columbus, OH 43210.

If our records are in error, please call us at 292-2020.
Sincerely,

Encl: Authorization for Release of Information form
      Eye Care Provider List

**Dependent and Minor Policy (revised 3/11)**

A dependent, who is a minor, (i.e. under the age of 18), or a developmentally disabled patient, will only
be **examined** at The Ohio State University Optometry Services with a parent, guardian or designated
caretaker present during the appointment. A non-minor responsible party must also sign the billing
authorization prior to the examination.

Any and all staff scheduling appointments for this particular patient population will inform the person
scheduling the patient of this policy. Staff will reiterate this policy when confirming appointments.

Parents/guardians do not need to be present for vision screenings (e.g. school age, preschool, OSSB)
but signed authorization forms are needed for a minor to be screened in these programs prior to the
screening.

Exceptions can be made to the above if authorized by the service chief. Situations that may have
approved exceptions by a service chief include: vision therapy sessions, contact lens follow up
evaluations, etc. If the attending is very comfortable with the patient due to numerous previous
appointments and if the attending has means of contacting the parent /guardian during the visit, a
service chief may make an exception to the policy above.

**Late Patient Arrival Policy (7/10)**

Patients who arrive twenty minutes or more late for an appointment, will be informed at patient reception
that they may need to reschedule the appointment for another day. If there are no available interns
according to the intern tracking program, the patient should be rescheduled with further action. If the
intern tracking program indicates an available intern, the patient reception staff should speak with an
attending about the late arriving patient before any check-in procedures. The attending will make the
decision to examine or reschedule the patient.

**No Show Policy (Revised 5/10)**

- When a patient calls to cancel the day before or day of his or her appointment, the patient
  reception staff will change the appointment status in the software system from an S to a W.
- When a patient is more than 20 minutes late for an appointment without any notification, the
  patient will be deemed a no-show and the appointment status will be changed from an S to an
  N.
- When rescheduling a no-show patient, the staff will review the cancellation policy with the
  patient.
- After two consecutive no-shows, the patient will be considered a ‘stand-by’ patient.
  o Two consecutive no-shows are two appointments with the status of N or W.
If a patient must cancel an appointment with good cause without more than 24 hours notification, a note will be entered into the software system stating that the late cancellation or no-show should not be considered in determining a ‘stand-by’ status.

Stand by Patients:
- The Ohio State University Optometry Services will not schedule advance appointments for stand-by patients.
- Stand-by patients must contact the clinic to determine whether they can be accommodated during vacancies in the current day’s schedule.
- Stand-by will be noted on the patient’s computer demographic screen and in the medical record.

Sample letter D Initial letter explaining the OSU No Show Policy

Dear:

You were scheduled for appointments at The Ohio State University Optometry Services on (dates). Our records show that you failed to appear (and/or) failed to provide adequate cancellation notice for your appointments. Missed appointments affect the delivery of eye care. Without proper notice, we are unable to schedule other patients who wish to receive our services. The Ohio State University Optometry Services are teaching clinics and interns lose a significant amount of clinical experience if appointments are missed.

Because you failed to appear (and/or) failed to provide adequate cancellation notice for three appointments, you cannot schedule future appointments and must contact the clinic to see if you can be worked in to the schedule on the same day.

If our records are in error, please call us at 292-2020.

We hope that we can continue to serve your eye care needs. If you wish to be examined in our clinic please contact our office to see if you can be accommodated for a same day examination.

Sincerely,

Referral No Show Policy

- Patients will not be abandoned.
- Patients that are referred and have never scheduled an appointment or have cancelled or missed an appointment will be contacted and rescheduled.
- If unable to reschedule, the patient will be returned to the referring doctor’s care by sending a letter to the referring doctor.

Sample letter E returning referred patient to referring doctor’s care

Dear Dr.__________________:

This letter is to inform you that ____________________, whom you referred to The Ohio State University Optometry Services, has not been examined and that care of this patient is being returned to you.

_____This patient never scheduled an appointment with us.
_____This patient cancelled/failed to arrive for his/her appointment with us and despite attempts to
contact the patient, we have not been able to reschedule the appointment visit.

If you have any questions, please feel free to contact the clinic at (614) 292-2020.

Sincerely,

**Certified Mailing Procedure**

Certified letters cannot be mailed from the College of Optometry Mailroom but must be mailed from a U.S. Post Office during regular business hours. The Clinic Chief or the Clinic Director will give the letter to a staff member for mailing. The College Fiscal Officer will provide reimbursement from petty cash. The nearest U.S. Post Office locations:

<table>
<thead>
<tr>
<th>University Station</th>
<th>Columbus Main Post Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>234 W 18th Ave</td>
<td>850 Twin Rivers Drive</td>
</tr>
<tr>
<td>614-294-7292</td>
<td>614-469-4223 opt 7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-5:00 M-F</td>
<td>8:00-7:00 M-F</td>
</tr>
<tr>
<td>8:00-12:00 Sat</td>
<td>8:00-2:00 Sat</td>
</tr>
</tbody>
</table>

**Mydriatic, Cycloplegic, Anesthetic Agents in Patient Care**

Prior to a dilated fundus examination or a cycloplegic refraction, the following procedures will be completed for all patients:

- Case history including:
  - Systemic health history
  - Ocular health history
  - Drug history (past and present)
  - Allergies
- Visual acuity
- Pupillary testing
- Anterior chamber depth evaluation
- Applanation tonometry

The intern will consult with his/her attending after all of the above information has been completed. Mydriatics and cycloplegics are to be administered after consultation with and approval by the attending. Patient iris color, age, and chief complaint are factors to assess when considering which mydriatic or cycloplegic agents to use.

Before administering ophthalmic medications, the procedure will be fully explained to all patients to be dilated. Patients should be advised that they may experience temporary inconvenience following dilation, i.e., blurred vision, photophobia. Disposable mydriatic spectacles will be provided for patients. Advise patients who are low myopes (or who have a bifocal) that taking their glasses off (or using their bifocals) will help them to see at near until the drops wear off.

The following information should be included in the patient’s record: mydriatic drug name, concentration, amount, time administered, and interval of instillation.

Any observed unusual or adverse reactions must be fully recorded and reported to the attending. The medical record should be marked with an Allergy sticker naming the drug causing the adverse reaction. Allergy stickers can be found in each clinic consultation room and the Medical Records department.
Local Anesthetics:

Prior to the instillation of a local anesthetic, the following procedures will be completed for all patients:

- Case history including:
  - Systemic health history
  - Ocular health history
  - Drug history (past and present), including the use of local anesthetics in past examinations
- Clinical procedures
- Visual acuity
- Biomicroscopy

If patient discomfort precludes performing the above clinical procedures prior to the instillation of a local anesthetic, they shall be attempted immediately after the instillation of the topical anesthetic.

Glucose Testing Protocol  (4/11)

During a patient examination, the intern/attending may have reason to check a patient’s blood glucose level. Reasons for testing may include:

- Symptoms of high blood sugar (hyperglycemia): increased fatigue, increased appetite or increased thirst, frequent urination, blurred vision, headache, general aching, or vomiting.
- Symptoms of low blood sugar (hypoglycemia): sweating, trembling, blurred vision, rapid heartbeat, tingling, or numbness around mouth or fingertips.
- Retinal hemorrhage
- Diagnosed but uncontrolled diabetes
- Diagnosed diabetes not being monitored regularly by a physician

Prior to any testing:

- The attending and intern must thoroughly discuss the reason(s) for testing the patient’s blood glucose level with the patient.
- The attending must discuss the cost of testing with the patient prior to any testing.
  - Glucose testing is NOT covered by insurance, but may be covered by a health care flexible spending account.
  - The out of pocket cost is $25.00 per test
  - Appropriate billing and diagnosis codes may include:
    - Blood glucose monitoring code 82962
    - Diabetes without complication E10.9 or E11.9 (Type 1 and Type 2)
    - Diabetes with complication E10.XXX or E11.XXX (Type 1 and Type 2)
    - Blurred vision H53.8
    - Polyuria R35.8
    - Polyphagia R63.2
    - Polydipsia R63.1

Testing Protocol: ACCU-CHEK Aviva

NOTE: Only the PATIENT or OPTOMETRIST may administer glucose testing
• ACCU-CHEK Aviva glucose meters, test strips, and lancets are located in the Advanced Ocular Care consultation room
  • The special testing coordinator will replace any expired test strips, run control tests with every new box of strips, and ensure the lancing devices are available.
  • All supplies of test strips must remain in the original containers.
  • The test strip container cap must remain tightly closed after removing a strip.
  • Test strips should be used within 3 minutes after removing from the container.
  • Do not apply blood or control solution to the test strip before inserting the strip into the meter.
  • Do not reuse test strips.
  • All used test strips must be discarded in a hazardous material waste receptacle.
  • Always use a new lancet for each finger stick.
  • Always wear gloves before using a lancet.
    • Make sure the patient does not have a latex allergy before testing begins
  • The optometrist or patient will hold the lancing device firmly against the side of the patient’s fingertip and press the release button.
  • Touch the blood drop to the tip of the yellow window of the test strip after the strip has been inserted into the meter.
  • DO NOT PUT BLOOD ON TOP OF THE TEST STRIP
    • The indicator will flash (hour glass) when you have enough blood in the test strip. If you did not apply enough blood (no flashing indicator), you may apply more blood to the strip within 5 seconds.
      • Gentle pressure may be applied to the finger to access more blood for testing.
  • Test result will appear on the display.
  • Used lancets must be discarded in a hazardous material waste receptacle.

Child Abuse Reporting

Background:
Child abuse and neglect results in injury and death to thousands of children each year. For those who survive, many suffer some type of permanent physical injury or emotional trauma.

According to the Ohio Revised Code Section 2151.421 anyone may report child abuse or neglect to the public children’s services agency or a municipal or county peace officer in which the child resides or in
which the abuse or neglect has occurred. The law also imposes upon “health care professionals who act in an official or professional capacity and know of or suspect that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child," have a legal obligation to report the event.

Abuse:
Abuse represents an action against a child. Generally, abuse is categorized as follows:

Physical abuse:  
The non-accidental injury of a child.

Sexual abuse:  
Any act of sexual nature upon or with a child.

Emotional abuse:  
Chronic attitudes or acts which interfere with the psychological and social development of a child. It is not a one-time act, but consistent and chronic behavior.

Neglect:  
Neglect is the failure to act on behalf of a child. Generally, neglect does not produce visible signs, and usually occurs over a period of time. The two categories of neglect are:

- Physical neglect:  
  Failure to meet the requirements basic to a child’s physical development, such as supervision, housing, clothing, medical attention, nutrition, and monetary support.

- Emotional neglect:  
  Failure to provide the support or affection necessary to a child’s psychological and social development. This would include the failure to provide the praise, nurturing, love, and security essential to the child’s development of a sound and healthy personality.

Ohio law provides that anyone reporting suspected child abuse or participating in a judicial proceeding resulting from such reports is immune from any civil or criminal liability that otherwise might be imposed as a result of such actions when taken in good faith. (Ohio Revised Code Section 2151.421 G)

Ohio law also states that a person who knowingly makes or causes another person to make a false report that alleges that any person has committed an act or omission that resulted in a child being abused or neglected is guilty of a violation section 2921.14 of the Ohio Revised Code. (Ohio Revised Code sections 2151.421 H (3) and 2921.14.)

Recognizing the signs:  
Child abuse and neglect may be difficult to detect, however there are usually signs that suggest a child may be in need of help. The two signs that are usually given by an abused or neglected child are physical indicators and behavioral indicators. Physical indicators are the easiest to detect and diagnose. The child’s appearance and the presence of bodily injury are the typical signs. Behavioral indicators are more difficult to detect and interpret. Often, children will send behavioral messages suggesting that abuse or neglect is happening. These signs may be in the form of ‘acting out’ behaviors which reflect the child’s attempt to deal with or hide the abuse or neglect.

Reporting procedures:  
OSU Optometry faculty and staff should immediately or as soon as practically possible report, either by telephone or in person, suspected cases to the public children's service agency, the county department of human services exercising the children’s services function, or a municipal or county peace officer in the county in which the abuse or neglect is suspected to have occurred. (Ohio Revised Code Section 2151.421 A&B).
When reporting suspected abuse or neglect it is important to have as much information available without contacting the suspected abuser. Information should include:

- The name and address of the child you suspect is being abused or neglected
- The age of the child
- The name and address of the parent or caretaker of the child
- The name of the person you suspect is abusing or neglecting the child
- The reason you suspect the child is being abused or neglected
- Any other information which may be helpful to the investigation.

You may report anonymously, however, you are encouraged to give your name. This makes it possible for the children's protective services to contact you later if additional or clarifying information is needed.

It is helpful to provide as much information as possible. However if a child's protection is endangered and you don't have all of the above information, don't hesitate to make a report with the information you have. Remember, your foremost obligation is to protect the child.

OSU faculty, staff and interns will not contact the parent(s) and youth involved in a reported suspected child abuse incident unless instructed to do so by appropriate legal authorities.

The individual reporting the suspected abuse or neglect will immediately inform the faculty member in charge or their immediate supervisor. The faculty member should report the abuse in consultation with the intern. The intern should never have to report the suspected abuse. The faculty member involved in the case must inform the Associate Dean for Clinical Services and Professional Program. The reasons that abuse is suspected and the action taken must be clearly documented in the patient’s chart. The Associate Dean for Clinical Services and Professional Program should be informed immediately. This should not go through the chain of command.

By Ohio law, (Ohio Revised Code Section 2151.421 H2) OSU faculty, staff, and interns must handle suspected child abuse information with utmost confidentiality. This is one reason it should not go through a chain of command. Involved personnel will discuss matters pertaining to suspected abuse with only those directly involved in the case and the public children service agency, the county department of human services exercising the children service function, or the appropriate municipal or county peace officer.

**Elderly Abuse / MRDD Abuse / Domestic Violence Reporting**

**General:**
All severe non-accident injuries must be immediately reported to OSU or Columbus Police, or the Franklin County Sheriff.

<table>
<thead>
<tr>
<th></th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSU Police</td>
<td>292-2121</td>
</tr>
<tr>
<td>Columbus Police</td>
<td>645-4545</td>
</tr>
<tr>
<td>Franklin County Sheriff</td>
<td>462-3333</td>
</tr>
</tbody>
</table>

**Elder Abuse / MRDD Abuse:**
According to Ohio Revised Code Section 5101.60 through 5101.71, health care professionals... “having reasonable cause to believe that (any) adult who is 60 years of age or older (or any) adult who has a physical or mental disability or impairment, either of which prevents the person from providing for the person’s own care or protection...is being abused, neglected, (including self neglect) or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of human services.”
Possible Ocular Indicators:
- Broken orbital bones
- Iris damage
- Black eyes
- Detached retina
- Bruising in eye area
- Scarring near eye area

Ohio Law protects health care professionals...“from civil or criminal liability, except liability for perjury, unless the person has acted in bad faith or with malicious purpose.” (Ohio Revised Code Section 5101.62).

Domestic Violence:
In the case of domestic violence or suspected domestic violence, OSU personnel MUST have the consent (written consent preferred) of the victim BEFORE notifying the proper agency (previously noted mandatory reporting requirements notwithstanding, e.g. gunshot, stab wounds, etc...) Consent is necessary before the release of Personal Health Information to any law enforcement or social service agency.

(HIPAA Section 164.512 (f) 3)

Reporting Procedures:
OSU Optometry faculty and staff should immediately, or as soon as practically possible, report suspected cases to the proper agency, either by telephone or in person.

Elder Abuse Adult Protective Services: 614-462-4348
MRDD Abuse Franklin County Board of Developmental Disabilities: 614-464-2743
Domestic Violence CHOICES Franklin County: 614-224-4663
CHOICES Ohio: 800-934-9840
National Domestic Violence Hotline: 800-799-7233

When reporting suspected abuse or neglect it is important to have as much information available without contacting the suspected abuser. Information should include:
- The name, address, and age of the adult who is the subject of the report.
- The name and address of the individual responsible for the adult’s care (if applicable).
- The reasons abuse, neglect, or exploitation is suspected.

The individual reporting the suspected abuse, neglect, or exploitation will immediately inform the faculty member involved in the case or their immediate supervisor. The faculty member should report the abuse, in consultation with the intern. The intern should never have to report the suspected abuse. The faculty member must inform the Associate Dean for Clinical Services and Professional Program immediately and directly. This should not go through the chain of command. OSU faculty, staff, and interns must handle suspected abuse, neglect, and exploitation information with utmost confidentiality. Involved personnel will discuss matters pertaining to the suspected abuse with only those directly involved in the case and the appropriate legal authorities.

The reasons abuse is suspected and the actions taken must be clearly documented in the patient’s chart, citing the patient’s statements in quotes.

General Patient Health Emergency Procedures
In cases of emergency, like severe bleeding or vomiting, etc., immediately contact the paramedics (911). Give the apparent nature of the emergency and your location to the reception staff so they can direct the
If appropriate, check if the patient is breathing and if there is a pulse. If the patient is not breathing, begin CPR immediately.

Fainting
If the patient is feeling faint, have him/her lean forward placing his or her head below the knees or lie on the ground with feet elevated. If the patient has fainted and is in the examination chair, recline the chair. Do not leave the patient alone, call for help if needed. Call the paramedics (911) if the recovery is not quick.

**Cardiac Arrest**

The first person to see the patient in arrest should note the time, alert others about the situation by calling out “Code Blue,” and begin CPR.

Anyone hearing the “Code Blue” call should immediately inform others of the situation and give the location of the patient and directions for the paramedics. After that, return to the patient to assist in CPR or arrange for someone else to assist.

1. Call 911, giving all information essential to the situation. Upon the arrival of the paramedics, the clinic staff will direct them to the patient.

2. It is essential that everyone act swiftly in this situation, but most importantly to remain calm.

In order to avoid causing undue stress to the patient, do not make comments about the gravity of his/her situation.

**Automated External Defibrillator (AED) Protocol (09/07)**

The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive, absent of pulse and not breathing.

The AED should only be operated by those who have been trained in its use.

**Training Requirements:**
Any Faculty, Interns, and Staff trained in CPR and AED use will be expected to provide emergency care.

**Rationale:**
Studies indicate that nearly 250,000 people die each year of sudden cardiac arrest (SCA). The most optimistic estimates suggest that approximately 1/4 to 1/3 of those who suffer a SCA could be saved with optimal emergency care. One of the key elements is early defibrillation. It is suggested that for every minute that a victim waits for defibrillation, chances for survival decrease by 10%. When attached correctly to the chest, the AED can assess the heart's rhythm for fibrillation and advise if a shock can be delivered.

**Safety Coordinator Responsibilities:**
Designated clinic staff, will be the Safety Coordinator designated to manage the AED. Duties include:
- Conduct monthly inspections of the equipment and supplies.
- Maintain inspection records.
- Check for “OK” on display, and “use by” date on electrode pack. (Consult owner’s manual).
- Provide staff training at least every 2 years. Keeping records of this training on file. (Interns and Attending optometrists should receive AED training as part of their CPR certification).
- Notify all trained members where the AED, mask and supplies are kept (at the front desk)
- Check and replenishing supplies after use.
**Indications for Use:**
The first rescuer on the scene should assess the patient and assign someone else to call 911 with the following information.

- Type of emergency- cardiac arrest, choking, etc.
- Where: “College of Optometry- 338 W 10th Ave
- Where in the building- e.g.: “In the Eyewear Gallery, 2nd floor clinic in Fry Hall, 4th floor Wildermuth, etc”
- This person should also notify Patient Reception so a staff member can immediately bring the AED to the location of the emergency and calmly announce “Code Blue” and location.
- AED and CPR trained personnel should convene on the scene to offer help until the emergency team arrives.
- Another patient Reception staff member should meet the emergency responders and direct them to the correct location.

The AED should be operated only by those who have been trained in its use.

The AED should not be used if the victim is less than 8 years old.

**Procedure:**

- Assess scene safety- Because it will be especially important to hear the voice prompts of the AED, a quiet environment is essential. Distressed family members should be helped by someone other than the rescuer and may need to be escorted away from the scene.
- Be sure you are not in a water spill of any kind, or around any flammable agents. Do not use cell phones nearby.
- Use the AED if the person is unresponsive, has no pulse and is not breathing.
- Remove clothing near the patient’s chest, use scissors in the supply kit if necessary.
- Ensure that the patient’s skin is dry before applying electrodes.
- Shave excessive hair if necessary using the razor in the supply kit.
- Do not apply electrodes on top of a pacemaker.
- Listen to prompts and use illustrations provided to properly apply patches.
- All contact with the patient must be avoided during analysis of the rhythm and delivery of shock(s).
- Perform 2 minutes of CPR between assessment of rhythm and possible shock until EMS help arrives.

**Follow the instructions on the device and designate someone to keep records of:**

- The time of collapse
- Time CPR begun
- Time 911 called
- List how any shocks are given on the AED.
- Use the reporting form that is kept with the AED (attached).

Post resuscitation, if the victim is breathing, leave the AED attached to detect any change to ventricular fibrillation. The EMS Responders will give additional advice.

**Post Incident Procedure:**
These steps should be completed as soon as possible after the incident by the Safety Coordinator.

- Replace pads and check expiration dates on the pad package.
- Clean the unit with a soft, damp cloth using soap and water and replace the pocket mask and any other supplies used.
- Check the battery life.
- Complete and file the AED Reporting Use form.
• Conduct an After-Action review with the EMS Responders to discuss the incident and how to improve Clinic procedures

AED USE REPORTING:

Complete this form after each AED use and submit to Safety Coordinator:

Date: ____________________________    Incident #: ____________________________

Patient Information:

Name: __________________________________________________________________

Address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Age: ________     Gender:    Male       Female

Site of incident: _____________________________      Time of Collapse_______________

Witnessed arrest:        Yes    No
Breathing upon arrival of designated responders: Yes    No
Pulse upon arrival of designated responders:    Yes    No
Bystander CPR:        Yes    No
Time CPR Started ______________________________________
Time 911 Called _______________________________________
Cardiac arrest after arrival:      Yes    No
Number of defibrillation shocks and time: ___________________

Comments:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Family member contacted / time:

Who contacted

Rescuer’s Name:

Rescuer’s Signature:

Anaphylaxis and Epi-Pen Protocol (5/10)

(Note: Background information and Directions were taken from the Epi-Pen Website: www.epipen.com)

Anaphylaxis is a life-threatening allergic reaction that affects millions of Americans every year. Anaphylaxis can be caused by a variety of allergens, with the most common being food, medications, insect venom, and latex. The definitive treatment for anaphylaxis is epinephrine, and all patients at risk for experiencing anaphylaxis are urged to carry self-injectable epinephrine such as an EpiPen® epinephrine auto-injectors. Side effects of epinephrine may include palpitations, tachycardia (an abnormally fast heartbeat), sweating, nausea and vomiting, and respiratory difficulty. Cardiac arrhythmias may follow administration of epinephrine. Patients should ask their physician about the
circumstances under which this life-saving medication should be used. Once anaphylaxis has begun, the treatment of choice is an immediate injection of epinephrine, sometimes called adrenaline, which is effective for 10 to 15 minutes.

Epinephrine provides the patient with emergency therapy, but immediate follow-up care by medical professionals will provide the patient the full treatment necessary to counter an anaphylactic episode. The sooner a patient receives epinephrine, the better that patient’s chance of survival. Extra vigilance is also essential after an episode of anaphylaxis.

Common sensitivities that can cause anaphylaxis in some individuals:

- Peanuts
- Tree nuts (walnuts, pecans, pistachios, filberts, cashews, almonds, etc.)
- Shellfish (crab, crayfish, prawns, shrimp, lobster, etc.)
- Fish
- Milk
- Soy
- Wheat
- Eggs
- Sulfur antibiotics
- Allopurinol
- Muscle relaxants
- Certain post-surgery fluids
- Rubber Bands
- Elastic
- Carpet Backing
- Hospital and Dental Equipment
- Latex Gloves
- Latex Balloons
- Latex Condoms
- Vaccines
- Radiocontrast media
- Antihypertensives
- Insulin
- Blood products
- Wasps
- Yellow jackets
- Hornets
- Ants, including the fire ant

Symptoms of Anaphylaxis

- Skin reactions including hives and itching, flushed or pale skin (almost always present with anaphylaxis)
- Constriction of the airways and a swollen tongue or throat, which can cause wheezing and trouble breathing
- A weak and rapid pulse
- Nausea, vomiting or diarrhea
- Dizziness or fainting

Directions for Epi-Pen Use
NOTE: Only the PATIENT or OPTOMETRIST may administer the epi-pen

1. Flip open the yellow or green cap of the epi-pen auto-injector carrier tube
2. Remove the Epi-Pen Auto-injector by tipping and sliding it out of the carrier tube.
3. Grasp unit with the orange tip pointing downward.
4. Form a fist around the unit (orange tip down).
5. With your other hand, pull the blue safety release.
6. Hold the orange tip near the outer thigh.
7. Swing and firmly push against the outer thigh until it clicks so that the unit is perpendicular to the thigh. (Note: the epi-pen is designed to work through clothing).
8. Hold firmly against the thigh for approximately 10 seconds to deliver the drug. (The injection is now complete. The window on auto-injector will be obscured.
9. Remove it from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.
10. Call 911 and seek immediate medical attention (if you have someone to assist you, 911 should be called as soon as an individual appears to be in medical distress, do not wait until after the epi-pen has been administered.
11. Have the patient take the used auto-injector to the hospital emergency room or give it to EMS personnel.


Epi-pen vs. Epi-Pen Jr.
Epi-Pen Jr. 33-66 pounds
Epi-Pen for patients over 66 pounds

If you are in a situation where a patient is in need of an epi-pen injection and they do not have one with them, epi-pens are located in the following areas:

- Behind the Front Desk in the drawer with the AED
- Advanced Ocular Care Consult Room Drug Cabinet
- BV/PEDS Cabinet #6
- CL Consultation (2nd Floor) First Aid Kit

Epi-Pen Officer in charge of making sure pens are not expired, ordering new when needed, replacing used pens, updating protocol as needed: Advanced Ocular Care technician 614-292-1445

Log for expected expiration dates of current pens

Boxes have been configured so there is one epi-pen and one epi-pen jr. in each location.

Epi-Pen is for Emergency use only.

If a pen is used, please contact Advanced Ocular Care technician at 614-292-1445 immediately after use.

1. Have another individual call 911 immediately while you administer the epi-pen injection. The patient will need follow-up care within 15-20 minutes.

2. Only an Optometrist (NOT an intern) may administer or a patient may self-administer.
3. Make sure to save the Auto-injector to send with the patient or EMS crew to bring to the hospital.

4. Once the patient has been stabilized and transferred by EMS, report the usage to the AOC technician and your service chief.

Pupillary Distance Policy (11/07)

AUTHORIZATION FOR THE RELEASE OF MEASUREMENTS SPECIFIC TO OPHTHALMIC LENS/EYEGLASS MANUFACTURING

The Ohio State University Optometry Services requires that a licensed optician make specialized adjustments and take precision measurements before ordering spectacles. These measurements should be taken by the optician involved in manufacturing the spectacles. Providing a pupillary distance measurement only, (horizontal measurement without a vertical measurement) is inconsistent with our mission to provide optimum vision care and optimally fitted spectacles.

A pupillary measurement is and always has been considered part of the eyeglass fitting process conducted by the eye care professional for the purpose of making glasses by that respective professional. This measurement is only one of a possible series of measurements. For non-digital single vision lenses there are potentially as many as three with two of the three considered a necessary requirement based on our curriculum. For digital single vision lenses there are as many as six potential measurements. The number of required measurements for multifocal lenses is even greater. To date, even with modern technology the most accurate process for taking these measurements is through in-person individualized measuring. Anything less is, in our opinion, incomplete and inaccurate. A request for a pupillary distance measurement as the one and only measurement as indicated by web based companies dismisses other important measurements provided to the laboratory by your direct, face-to-face eye care provider.

As your eye care professional we recommend selecting an eye care provider who follows the recommended guidelines as indicated above. Traditionally, all measurements related to the manufacture of eyeglasses have been taken by the individual responsible for the ordering and manufacture of the product. This assures greater accuracy. The related measurements are also taken when the frame is in Standard Alignment. Keep in mind many frames vary in size, only a qualified eye care professional or a supervised eye care professional can determine what works best for your visual needs. We pride ourselves on adhering to the highest standards of practice. Our exams are thorough and detailed; your eyewear order should be the same.

Our goal is to provide the best possible eye care. Should you need assistance with your eyewear purchase, regardless of the source, we are here to assist. Whoever you chose to provide your eyewear assumes responsibility for accuracy and any remakes. Prescriptions released for patients seen originally in our clinic can be reviewed at no charge within 60 days. Appointments related to eyewear issues which do not meet standards will be billed at usual and customary fees.

Patient signature_____________________________________ Date _____________________
Therapeutic Drug Policy

Only drugs approved for use by the Ohio State Board of Optometry will be used in The Ohio State University Optometry Services.

The ophthalmic drugs located in the locked drug cabinet are for in-clinic use only. Please return all partial bottles to the drug cabinet when finished. If a patient needs further treatment, therapeutic prescription forms are available.

For patients needing financial assistance with their therapeutics, please obtain the appropriate forms from medical records or the AOC consult room.

Contact the Chief of Advanced Ocular Care or the Clinic Director for reordering of stocked medications.

Therapeutic Drug Prescriptions
All prescriptions for pharmaceuticals (including prescribed samples given) must include at a minimum the following information:

• Patient name
• Address
• Date
• Name of drug
• Amount of the drug to be dispensed
• Instructions for use of the drug
• Licensed optometrist's legible signature
• Licensed optometrist's printed name
• Licensed optometrist's TPA certificate number

Ophthalmic Drug Supply
Each examination room is equipped with the following pharmaceuticals and related supplies. Additional supplies are stored in Medical Records:

- Fluress
- Fluorescein Strips
- Lissamine Green
- Proparacaine
- 2.5% phenylephrine
- 0.5% and 1% tropicamide
- Irrigating solution
- Alcohol Wipes
- Tissues
- CottonTip Applicators
- Soap Dispenser
- Paper Towels

The prescription Drug Cabinet includes the following:

Pharmaceutical Agents:
- Antibiotic medications
- Allergy medications
- Anti-inflammatory medications
- Antibiotic/steroid combo medications
- Glaucoma medications

Supplies:
- Masks
- CPR masks
- First aid supplies
Equipment:
Hypodermic syringes and needles
Cycloplegic medications
Angle-Closure Kit (located on the door outside the Drug Cabinet)

Ophthalmic Drug Disposal:

- All diagnostic drugs are to remain in the exam rooms in which they are located.
- Each week, drug supplies in exam rooms will be reviewed, and bottles that are soiled or empty will be replaced.
- All expired drugs will be given to the Assistant Clinic Director. The Department of Environmental Health and Safety will be contacted (2-1284) to dispose of all expired or contaminated drugs.

Reporting Adverse Drug Reactions

In the event that a treated patient develops a clinically significant drug induced side effect:

- The attending doctor will modify the treatment plan as needed to care for the patient.
- This clinically significant effect will be documented in the patient record.
- The State Board of Optometry Drug Induced Side Effects Report shall be sent to the Board by the attending

Adverse drug reactions must be reported to the Ohio State Board of Optometry within 72 hours of the reported adverse event. Adverse drug reactions consist of any undesirable effects from diagnostic or therapeutic agents administered during or following an exam. The Board will then mail a form to be completed and returned to their office within 10 days. The Board may be reached at the following:

Ohio State Board of Optometry
77 S. High Street, 16th Floor
Columbus, OH, 43266-0318
614-466-5115
614-644-3937 (fax)
optometry.board@exchange.state.oh.us

Fluorescein Angiography, Microbiology Cultures, Laboratory Testing, and Imaging (revised 9/10)

When ordering microbiology testing, laboratory testing, and/or imaging

- Record what was ordered in the Assessment and Plan
- Fill out the paperwork completely
- Retain a copy of the order for the medical record

It is the Attending Doctor’s responsibility to ensure the testing was done, gather the results and monitor the patient.

All order forms can be found in the Advanced Ocular Care consultation room.

Fluorescein Angiography:

To order a fluorescein angiography without a retinal consultation, call the ophthalmic photographers at 293-8124 in the Department of Ophthalmology, 5th floor, 915 Olentangy River Rd. Provide the patient information and diagnosis code. The interpretation and results will be sent to the attending doctor. The patient will be billed for the testing at ophthalmology.
Microbiology Cultures:
Culture materials, viral (including Chlamydia) and bacterial transport media and blood and chocolate agar plates are available at The OSU Hospitals Microbiology Lab, 293-8676. The lab will request a visit number and access to all patient demographic and insurance information. The Ohio State University Microbiology Laboratory is located on the 3rd floor of Rhodes Hall room S-326. The Ocular Disease support staff person or another clinic staff member can pick up the material that the attending has called and requested.

- Obtain an order form from the Advanced Ocular Care consult room.
- Using sterile technique, culture the source (cul-de-sac, conjunctiva, cornea, lens case) and label the transport media with the patient name, date of birth and origin of specimen.
- If using agar plates, tape the plates and label with the patient name, date of birth and origin of specimen.
- Insert specimens into a biohazard bag and give to the Ocular Disease support staff or Ocular Disease Chief

Order form must accompany the culture and be complete with:
- Copy of insurance card
- Patient Demographic sheet
- ICD code
- Site of specimen
- Labeled as routine culture and specificity or Chlamydia etc.

Copy the order form for the medical record.

The patient’s service sheet should reflect a new or established evaluation and management code (99XXX) as well as the culture code and/or corneal scraping code. The diagnosis code must justify the medical necessity. The OSU Microbiology Lab will directly bill the patient.

The attending doctor should call the OSU Microbiology Laboratory at 293-8676 and have access to the patient’s name and date of birth to obtain the results. The lab can also fax a copy of the results at that time.

Examples of conditions to be cultured are as follows:
- Chronic blepharitis not responding to standard therapy
- Corneal ulcers
- Chronic conjunctivitis

Laboratory Blood Testing:
Laboratory testing can be ordered through The OSU Medical Center Reference Laboratories or through the patient’s primary care physician. The attending must specify the desired tests, diagnosis code and medical records fax number on a medical prescription form.

The OSU Medical Center Reference Labs

Locations:
Camera Center
2050 Kenny Road, 1st floor
7:30 AM- 3:30 PM, Monday-Friday
Closed daily from 12:30-1:30
293-6057, fax 293-6855
Chapter 3: Medical Records and Protected Information

Health Insurance Portability and Accountability Act (HIPAA)

As of April 14, 2003, patients are able to view, request changes to, and obtain copies of health information documents collected and kept by The Ohio State University Optometry Services. When Protected Health Information (PHI) is released for Treatment, Payment, or Healthcare Operations (TPO), it is the policy of The Ohio State University Optometry Services to only release the minimum necessary information needed and not the patient’s entire medical record. In the case of referring a patient for TPO the patient has the right to request that sensitive or irrelevant information be withheld.
and we will comply if permitted by law. This federal rule, covers medical information in any format:
written, spoken, or electronic.

Patient Privacy Rights

- The patient has the right to receive a Notice of Privacy Practices, which tells the patient how
  their information is used and shared. The patient will usually receive this on their first visit to
  The Ohio State University Optometry Services and must also sign a Notice of Privacy Practices
  Receipt Form that states they received the privacy practices information.
- The patient has the right to request restrictions on the use and disclosure of their health
  information for treatment, payment, or notification purposes as stated in The Ohio State
  University Optometry Services Notice of Privacy Practices. However, The Ohio State University
  Optometry Services are not required to agree to the request.
- The patient has the right to view and receive a copy of their medical records and other health
  information. The Ohio State University Optometry Services may not comply if the doctor
  determines there is information in the medical record that might endanger the patient or
  someone else. Copies of the medical record must be given to the patient within 30 days. This
  time may be extended for an additional 30 days if a reason is stated. In addition, the patient will
  be required to pay for the cost of the record search and copy.
- The patient has the right to have corrections made to their health information. The patient has
  the right to ask to change any wrong information or add information to the medical record if it is
  incomplete. The Ohio State University Optometry Services has the right to refuse corrections;
  however, the patient then has the right to have the disagreement noted in their medical record.
  Corrections should be made within 60 days of the request, but this time can be extended for an
  additional 30 days if a reason is stated.
- The patient has the right to receive a report regarding when and why their health information
  was shared. This report is free one time per year, and can be obtained within 60 days or an
  additional 30 days if given a reason.
- The patient has the right to make reasonable requests to be contacted at different places or in a
different way. As long as the request is reasonable, The Ohio State University Optometry
  Services is required to contact the patient as they ask.
- The patient has the right to ask that their health information not be shared with certain people,
groups, or companies. An example, in our clinic the patient has the right to ask the
  doctor/student not to share their medical record with other doctors or students within the clinic.
  However, we do not have to agree to do what the patient has asked.

The patient has the right to file a complaint if they believe that their medical information was used or
shared in a way that is not allowed under the privacy law, or if they were unable to exercise their rights.
The patient can file a complaint with The Ohio State University Optometry Services or with the United
States Government. (www.hhs.gov/ocr/hipaa/ or 1-866-627-7748.

Legal Aspects

A patient's medical record is a legal and historical document. It serves as a record of all data and
diagnoses, services delivered, advice and recommendations made, materials ordered and/or provided,
and fees charged and collected for that patient.

It is mandatory that all records include complete documentation and that all documentation is dated and
signed by the relevant intern, attending, and/or staff member.

The medical record is a legal document that is the property of the clinic. The physical documents that
comprise the patient's medical record are never given to anyone outside of the college unless formally
directed to do so by proper legal process (e.g. subpoena)
Notice of Privacy Practices (8/2013)
This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Notice of Privacy Practices applies to:

• The Ohio State University College of Optometry
• Lower Lights OSU College of Optometry Clinic;
• OSU Wilce Student Health Services College of Optometry Clinic;

Our Pledge Regarding Protected Health Information
We understand that your health information is personal. We are committed to keeping your PHI safe.

This Notice will tell you about:

• the ways we may use and disclose your PHI;
• your privacy rights; and
• our duties regarding PHI.

We are required by law to:

• make sure that your PHI is kept private;
• give you this Notice of our legal duties and privacy practices;
• notify you of a breach of unsecured PHI; and
• follow the terms of the Notice that is currently in effect.

Your Privacy Rights with Respect to PHI
The following is a list of your rights and how you may exercise these rights.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are required to honor your request to restrict disclosures of PHI to a health plan where you have paid out of pocket in full for the health care item or service you have received. **Otherwise, although we will consider your request, we are not required to agree to or abide by your request.** You must make your request for any restrictions or limitations in writing to the Medical Records Manager, 338 W. 10th Ave., Room A122, Columbus, OH 43202. In your request, you must tell us:

• what PHI you want to limit;
• whether you want to limit our use, disclosure, or both; and
• to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you in a confidential manner. You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the Medical
Records Manager, 338 W. 10th Ave., Room A122, Columbus, Ohio 43202. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, then be sure to provide an appropriate telephone number.

**Right to Review and Copy.** You have the right to review and obtain a copy of PHI that may be used to make decisions about your care. You must submit your request for your PHI in writing to the Medical Records Manager, 338 W. 10th Ave., Room A122, Columbus, OH 43202 to the Medical Records Manager. If you request a copy of the PHI, then we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Under very limited situations, you may not be allowed to review or obtain a copy of parts of your health information. For example, our health care provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If your request is denied, you will be notified of this decision in writing and you may appeal this decision in writing to the Medical Records Manager.

**Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, then you may ask us to change the PHI. You have the right to request a change for as long as the PHI is maintained by us. Submit your request to the Medical Records Manager, 338 W. 10th Ave., Room A122, Columbus, Ohio 43202. Your request must be made in writing and include a reason that supports your request. We may deny your request if you ask us to change PHI that:

- was not created by us;
- is not part of our records;
- is not part of the PHI which you would be permitted to see and get a copy of; or
- we believe is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI. This is a list of certain disclosures of PHI we made in special situations listed above. These disclosures are not related to treatment, payment, or healthcare operations. When we make these disclosures, we are not required to obtain your authorization before we disclose your PHI to others. You must submit your request for an accounting of disclosures in writing to the Medical Records Manager, 338 W. 10th Ave., Room A122, Columbus, Ohio 43202. Your request must tell us the calendar dates you want to see (the time period may include up to six years of information prior to the date of the request). Charges: There will be no charge for the first list you request within a 12-month period. We may charge you for the costs of providing any additional lists. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.

**Right to a Paper Copy of This Notice.** You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact the Medical Records Manager at 614-247-6190.

**The Ways We May Use and Disclose Your PHI**

Federal law allows us to use or disclose your PHI without your permission for the following purposes:

**For Treatment.** For example, treatment may include:

- Disclosing your PHI to doctors, nurses, technicians, student trainees, and other people who help with your care.
- Coordinating services you need, such as prescriptions, lab work, and X-rays.
- Contacting you for appointment reminders.
• Contacting you about health related benefits and services.
• Disclosing to a doctor outside of the College of Optometry for your treatment. For example, a
doctor treating you for a cataract may need to know your previous eye exam results to
determine the need for surgery.
• Updating your health care providers about care you received.
• For Payment. For example, payment may include:
  • Determining eligibility for health care services and pre-certifying benefits.
  • Coordinating benefits with insurance payers.
  • Billing and collecting for health care services provided.
  • Facilitating payment to another provider who has participated in your care.

For Healthcare Operations. For example, health care operations may include:

• Improving quality of care.
• Accrediting, certifying, licensing or credentialing health care providers.
• Reviewing competence or qualifications of health care professionals.
• Developing, maintaining and supporting computer systems.
• Managing, budgeting and planning activities and reports.
• Improving health care processes, reducing health care costs and assessing organizational
  performance for us and other health care providers and health plans that care for you.

For OSU employees and family members covered by the OSU Health Plan, we may share limited
information for treatment, payment or health care operations as described in this Notice with the OSU
Health Plan unless you request a restriction as set forth in this Notice.

Additional uses and disclosures for which authorization or opportunity to agree or object is not
required by HIPAA.

Research: Research is one of the OSU College of Optometry’s missions. All research projects are
subject to a special approval process before we use or disclose PHI. We may contact you about
research studies you may qualify for so that you can decide if you want to participate. If you qualify to
participate in a research study, then you will be asked to sign a separate consent form to participate in
the project that includes an authorization for use and possible disclosure of your information outside the
OSU College of Optometry.

There are other times when we may use your health information for research without authorization, such
as, when a researcher is preparing a plan for a research project. For example, a researcher needs to
examine patient medical records to identify patients with specific medical needs. The researcher must
agree to use this information only to prepare a plan for a research study and may not use the
information to contact you or conduct the study. These activities are considered to be preparatory to
research. A researcher may review your records without your authorization after obtaining appropriate
approvals from a specialized internal review board or privacy board.

As Required by Law: We will disclose PHI about you when required to do so by federal, state, or local
law.

Public Health Risks: As required by law, we may disclose your PHI with public health authorities to:

• prevent or control disease, injury, or disability;
- report communicable diseases or infection exposure such as HIV, tuberculosis, and hepatitis;
- report medical device safety issues and adverse events to the Federal Food and Drug Administration; and
- Report vital events such as births and deaths.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose your PHI with government agencies authorized by law to receive reports of suspected child or elder abuse, neglect, or domestic violence if we believe that you have been a victim.

Health Oversight Activities: We may disclose your PHI with a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections, or licensure. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, and agencies that enforce civil rights laws.

Judicial and Administrative Proceedings: We may disclose your PHI in the course of administrative or judicial proceedings, such as in response to a court order or subpoena as permitted by federal and state law.

Law Enforcement: We may disclose your PHI to a law enforcement official if required or permitted by law for reasons such as reporting crimes occurring at an OSU College of Optometry site or providing routine reporting to law enforcement agencies, such as for gunshot wounds.

Deceased Person’s PHI: We may disclose PHI to a funeral director as necessary so that they may carry out their duties. We may also disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.

Organ and Tissue Donation: We may disclose your PHI to organizations that handle organ, tissue, and eye procurement to facilitate organ, tissue and eye donation and transplantation.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the public’s health and safety, or another person’s health and safety.

Specialized Government Functions: We may disclose your PHI to authorized federal officials for national security and intelligence, military, or veterans’ activities required by law.

Workers’ Compensation: We may disclose your PHI to Workers’ Compensation, as required by workers’ compensation laws or other similar programs. These programs provide benefits for work-related injuries or illnesses.

Disaster Relief Efforts: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entity in the notification of your family member, personal representative or another person responsible for your care.

Other Uses and Disclosures Made Only with your Written Permission

All other uses and disclosures not described in the Notice will be made only with your written authorization. For example, we would not release your PHI to your supervisor for employment purposes without your permission as described in this Notice. You may revoke your permission, in writing, at any time. If you revoke your permission, then we will no longer use or disclose PHI about you for the
reasons covered by your written permission, except to the extent that we have already used or disclosed
your PHI. Most uses and disclosures of psychotherapy notes, uses and disclosure of PHI for marketing
purposes, and disclosures that constitute a sale of PHI require your authorization. Other uses and
disclosures not described in the Notice will be made only with your authorization.

When We Offer You the Opportunity to Decline Use or Disclosure of Your Health Information

Fundraising Activities. We may use your PHI to contact you to raise money for OSU College of
Optometry. We may use or disclose PHI to a business associate or a related foundation for the
purposes of raising funds for our own benefit. You have the right to opt-out of receiving these
communications. If you do not want to be contacted for fundraising efforts, then you must notify the
Medical Records Manager at 614-247-6190.

Individuals Involved in Your Care or Payment for Your Care. We may communicate with your family,
friends or others involved in your care or payment for your care. For example, an emergency room
doctor may discuss a patient’s treatment in front of your friend if you ask that your friend come into the
room.

Our Duties

Notice Changes: We reserve the right to change this Notice. We reserve the right to make the revised
or changed Notice effective for PHI we already have about you and any PHI we receive in the future.
Current copies of this Notice will be available at registration locations. The current Notice will also be
posted at our web site. The effective date of the Notice will be posted on the first page.

Email: We ask you not to use your personal email in contacting our Health Care Providers. Emails sent
to and from your personal email address are not secure and could be read by a third party.

Complaints

If you believe your privacy rights have been violated, then you have the right to submit a complaint to us.
Any complaints shall be made in writing or by telephone to Medical Records Manager, 338 W. 10th
Ave., Room A122, Columbus, OH 43202.

We encourage you to express any concerns you may have regarding the privacy of your information.
You will not be retaliated against or penalized in any way for filing a complaint.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human
Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call toll free (877) 696-6775, by
e-mail to OCRComplaint@hhs.gov, or to Region V, Office for Civil Rights, U.S. Department of Health
and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, Voice Phone (312) 886-
2359, FAX (312) 886-1807, or TDD (312) 353-5693.

If you would like further information about this Notice of Privacy Practices, then please contact The Ohio
State University College of Optometry Privacy Office at (614) 247-6190.

Faculty/Staff/Student Mandatory HIPAA Training
Health Insurance Portability and Accountability Act is a federal regulation that became effective in 2003. The regulation requires that protected health information is maintained in a confidential and secure manner. The HIPAA Training must be completed on an annual basis by employees, students, and others who come in contact with protected health information. All faculty, staff and students must complete HIPAA training.

The training module is a key component to understanding the HIPAA regulation and what your role and responsibilities include.

Instructions for Enrolling in the Training

1. Access Buckeye Learn and click the login button.
2. Your Buckeye Learn My Home page will open. Click the Join link in the navigation bar.
3. Scroll to the bottom of the Join instructions page and click on the Join link.
4. Select the link for the HIPAA training course.
5. Click on the Register button to enroll yourself in the selected course.
6. Complete requested registration information and click on the Submit button. Note that fields marked with an * are required.
7. Confirm your registration information and click on the Finish button.

Instructions for Accessing the Training

1. Visit Buckeye Learn and select the login button
2. Enter your Ohio State Username (lastname.#) and password, and click the "login" button.
3. Your Buckeye Learn My Home page will open.
4. Under My Courses, select the Student tab and click the + (box) next to Special. This will open the course list of courses.
5. Select the (box) next to Offices of the CIO.
6. Select the HIPAA training link.
7. Once you are in the course, follow the instructions in the Welcome box on the course home page.

How to Verify You Have Completed the Training

1. Login to the HIPAA Training course within Carmen.
2. Select the Quizzes link in the course's red Navigation bar.
3. A list of all available quizzes in the course is shown. Next to each quiz is a number indicating the number of attempts you have taken and the quiz submissions view icon.

Select the submissions view icon. If you successfully submitted a quiz, it will be shown here

Releasing Patient Prescriptions and Information

Spectacle Prescription:
When payment for the eye examination is received, each patient is presented with a printed copy of the spectacle prescription. Additional copies will be given to the patient upon request. Prescriptions are to be printed from the completed patient record only. All prescriptions will include the date of examination and recommended expiration date. The prescription must be signed by a licensed optometrist, preferably the prescribing doctor. A spectacle prescription is valid only until the expiration date. However it will continue to be issued for a maximum of three years after the expiration date, with “EXPIRED” written on it unless medical reason would prohibit the release of the prescription.
Contact Lens Prescriptions:
When payment for the eye examination and contact lens fitting and evaluation is received in full, and the appropriate follow up associated with a contact lens fitting has been completed, patients will receive a copy of their contact lens prescription.

A contact lens prescription shall be valid until the expiration date indicated by the examining doctor. Any requests after that time shall be issued the prescription, with “EXPIRED” written on the prescription, unless the examining doctor chooses to extend the expiration date (not to exceed two years from the comprehensive exam).

If a contact lens replacement is requested from our clinic on a date greater than 12 months after the comprehensive examination, or after the prescription expiration date, a comprehensive examination or contact lens progress check (with appropriate fees) will be required prior to ordering lenses. Exceptions may be granted by the service chief on a case by case basis.

Forwarding Patient Spectacle and Contact Lens Information:
Pursuant to state and federal law, contact lens and spectacle prescription verification parameters may be disclosed to a patient and outside providers, including optometrists, opticians, ophthalmologists, and physicians, without prior written consent from the patient. Therefore, it is not necessary for the patient to complete and sign a Transfer of Information (TOI) form. Only the minimum amount of information required to fill a patient’s prescription may be released to outside providers. Unless specifically requested and authorized in writing by the patient, no information regarding exam history or treatment regimen shall be released when disclosing a contact lens or spectacle prescription to an outside provider.

Letter Writing Policy for All Clinics (Revised 08/12)
To all Clinic Staff, Faculty and Interns:

In order to assure that we are following HIPAA guidelines and adequately securing patient Protected Health Information (PHI), we have implemented a new procedure for patient care letters. The current system using the M: drive will be discontinued and this drive will be removed in 2 WEEKS (Friday, September 14). Please follow the procedures below to assure all letters are appropriately stored.

A new drive has been created for patient letters that is named the L: drive. Every attending will have a folder on this drive. In each faculty folder, there will be three designated sub folders as described below:

1. **Templates**
   All templates used by the attending should be placed in this folder. Interns will have READ access and will be able to open this folder and use templates but only the named attending can WRITE to this folder. This will prevent interns from accidently overwriting a template with a letter with patient data.

2. **Letters to be Reviewed**
   This folder can be accessed and saved in by all interns. Students will either use a starting template from Template folder, or free write a letter and then save the letter to this file. All appropriate addresses, insurance information, etc. should be included on the letter before it is saved. Interns can e-mail a notification to the attending that the letter is ready for faculty review (do not e-mail the letter itself) but the patients name etc. should not be placed in the e-mail. All letters should be saved with same naming protocol:
   Patient last name, first name, date of service, description, for example:
   Anderson, Andy, 08 31 12, to Dr. Swanson
The description is optional but is helpful if more than one letter for the patient (e.g. to school, to primary care, BSVI, Etc)

3. Archived letters
   Attendings DO NOT have to keep a copy of all letters as they will be attached to the patient’s EHR chart. However, if you wish to keep copies for easy access, then this is the ONLY location that patient letters should be stored. This subfolder will only be accessible by the attending named on the folder. This folder can be used to save any letters AFTER the letter is edited and processed for attaching to the patient file and printing. Additionally, ALL patient letters that are currently stored on your U: drive, M: drive, or C: drive need to be moved to this folder and **DELETED** from all other areas. We need to be able to specify exactly all locations where confidential information is stored to HIPAA. Our answer will be that, other than those attached to patient files, all letters that contain confidential information are on the secure L: drive.

Procedure for printing and attaching letter to patient EHR file:

After the attending has edited and completed that letter, **AND ATTACHED THEIR SIGNATURE ELECTRONICALLY**, the attending will save a copy of the letter on the L: drive in one of the following folders depending on the clinical service area.

1. BVP Completed letters
   Access restricted to Freda Dallas, Alysia Benson and all attendings
2. LVR Completed letters
   Access restricted to Alysia Benson, Freda Dallas and all attendings.
3. PVC/OD/CL completed letters
   Access restricted to designated medical records personnel and all attendings

The designated staff in that area will print and mail/fax the letter to the appropriate location AND attach the letter to the patient’s file in EHR. As the letter will already have the attending’s signature attached, this process will expedite mailing as the attending will not have to be tracked down to sign the letter. This will mean that all attendings will have to save copy of their signature in electronic form to be able to attach to the letter. Once the letter is mailed and attached to the EHR file, it will be deleted from the completed letter folder.

This policy and procedure will help ensure that the OSU College of Optometry remains HIPAA compliant so please follow the above steps appropriately.

Confidentiality of Patient Medical Records

The Ohio State Board of Optometry statement of confidentiality regarding patient records:

"The release of confidential records regarding a patient's treatment and/or physical condition is a matter within the control of the patient. The patient must request a copy of the records or waive the privilege [of confidentiality] for records to be furnished to a third party. The examining optometrist is responsible for providing either a copy of the records or a complete written synopsis upon proper request." (1995)

"Prior to the release of any medical/vision information, the...optometrist should require written authorization from the patient. That authorization should be examined to assure that the signature is authentic and is by a person of the age of majority, or by his/her guardian, or other personal representative. The authorization should cover the release of documents requested especially in those confidential records related to specific diseases conditions or health problems." (1992)
There are important exceptions to these guidelines. The Ohio State Board of Optometry stated in 1992 that "Certain Ohio statutes have recognized a right of access to medical records by individuals who do not have prior approval by the person who is the subject of those records. Those statutes which give outside access are narrowly drawn and relate to emergency medical personnel's access, AIDS, spouse and sexual partner's access to test results, etc. Unless a life threatening situation exists, keep in mind that the more damaging the release of information would be to the patient, the greater is the need for confidentiality" (1992)

In the extended circumstances listed above, confidentiality rules apply to all third parties. For example, a family member who is not the patient's legal guardian does not have any rights to information about the patient's care.

Patients may authorize release of information by signing a patient transfer of information form available at the patient reception desk or the medical records room.

Patient medical records contain confidential information. It is imperative that confidentiality be maintained in order to assure an ethical and legal patient care system. Failure to maintain confidentiality can have serious implications for patients and can jeopardize the clinic's legal position.

Within The Ohio State University College of Optometry, only faculty, interns, and staff who have a legitimate reason related to a particular patient's care or to our educational mission may have access to information from a patient's medical record.

On written authorization of the patient or his/her guardian, a copy of the medical record, or pertinent portions of the record, will be provided to the patient, a physician, an optometrist, an educator, an attorney, or any other person designated by the patient.

Under no circumstances are patient records, written or electronic versions, to be taken from the clinic building or kept overnight outside designated medical records areas (i.e. lockers, desks, mailboxes, briefcases, etc.)

Interns who remove medical records from the building are subject to suspension or dismissal from the program.

The Clinic Chief should be informed in all cases of non-compliance with medical record filing procedures. Deviations from these procedures may result in grade reduction, or other penalties established by the Clinic Committee up to and including suspension and dismissal from the College.

Interns and attendings are to return all medical records to the designated areas by the close of each clinic day.

Electronic health records must be signed off and complete no later than one week after the patient's appointment.

Medical Records Procedures
Correct and accurate record keeping is the responsibility of the attending and the intern. It is the attending's responsibility to ensure that the intern records information accurately in the patient medical record.

The following rules apply to patient record keeping:

- All care provided to a patient must be recorded in the patient's medical record
- Examination tabs must thoroughly document all patient care transactions and communications.
- All instructions and education to the patient must be documented in the medical record.
• All patient communication, face to face and phone should be documented on the communications tab
• All testing documentation including visual fields, GDX, OCT, Amsler’s, etc. must be documented in the electronic health record. Only abnormal visual fields will be scanned and included in the electronic record. All other testing will be scanned into the record.
• Copies of all written correspondence, completed insurance forms, etc. must be entered in the patient's record. See the Medical Records manager for detailed instructions.
• Each professional contact with a patient, or contact regarding a patient, must be documented in the patient's record and include date, intern signature, and attending faculty signature.
• Record necessary history, relevant information, and what was truly observed. Any errors in record keeping should be brought to the attention of the appropriate clinic chief.

The medical records room is a restricted area and will remain locked at all times. Access to patient medical records is strictly prohibited to students, attendings, staff and interns, except those authorized by the medical records administrator. All authorized personnel (including student employees) must have a signed and dated confidentiality and non-disclosure agreement on file with the medical records administrator.

Medical Records Student Employees
All student employees working in the medical records department will adhere to all terms and agreements in the Medical Records Department Confidentiality and Non-Disclosure Agreement. Employees will also complete Compulink training with the Clinic Information Systems Coordinator before using Compulink. Once training is complete, the student will receive his/her own Compulink log-in.

COLLEGE OF OPTOMETRY
Medical Records Department

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Prior to obtaining unrestricted access to the Medical Records Department, all authorized individuals and their designees must read and sign individual copies of this Agreement.

THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (Henceforth referred to as "Agreement") is entered into this _____ day of ____________________, 20________, by and between

The Ohio State University College of Optometry Medical Records Department and

___________________________________________________________ (Henceforth referred to as (Printed Name))

"Individual"), regarding the Individual's responsibilities and obligations involving the privacy, confidentiality, and security of Protected Health Information (Henceforth referred to as "PHI").

Section 1: Agreements
(A) Pursuant to Policy IV: Access to the Medical Records Department and Patient Records, sections 4a and 4b, individuals who fall into the categories below are permitted to gain unrestricted access to the Medical Records Department and patient records:

- Medical Records Administrator
- Medical Records Department Staff
- The Director of Clinics
- Assistant Director of Clinics
- Patient Reception
- Billing Manager
- Pediatrics Office Manager
- Eyewear Gallery Supervisor
- Program Coordinator
- Associate Dean(s)
- Dean

**NOTE:** Faculty who obtain prior approval from the Medical Records Administrator may request unrestricted access for themselves and for student Interns who work under the direct supervision of said faculty member.

(B) An **employee** who is under the direct supervision of an individual who is authorized to gain unrestricted access to the Medical Records Department (Henceforth referred to as "Department") is considered an "Authorized Representative" of said authorized individual. Upon reading and signing this contract, an authorized representative may obtain access to the Medical Records Department to perform work related duties involving the use of PHI. The authorized representative must fall under the purview of the categories listed in (A) above.

(C) The Department is locked at all times in order to restrict access to PHI, reduce employee traffic, decrease the number of misfiles, and to minimize the number of missing patient records. As a result, a service window will be open in order for all non-authorized individuals to request patient records.

**Section 1: Agreements (Continued)**

(D) When an authorized individual and/or his/her authorized representative retrieves a patient record, an out-guide must be completed and filed in place of the record that is removed. The out-guide must list the date the record was checked out, the name of the patient, and the name of the person who retrieved the record.

(E) Once an authorized individual and/or his/her authorized representative retrieves a patient record, the record must be returned prior to the close of business the day the record was checked out. Authorized individuals and/or their authorized representatives must file the record and remove the out-guide accordingly.

(F) If an authorized individual and/or his/her authorized representative do not adhere to items (D) and (E) above, privileged access to the Department may be denied at the discretion of the Medical Records Administrator.
G) All parties understand and agree that all PHI is confidential and that inappropriate disclosure of PHI directly violates federal, state law, and ethical principals intrinsic to the field of optometry. In addition, all parties agree to direct any questions regarding appropriate or inappropriate disclosure of PHI to the Medical Records Administrator.

Section 2: Terms of Agreement

(A) This Agreement will continue in effect until an authorized employee or authorized representative voluntarily terminates his/her employment with the College, until the College terminates its employment relationship with said individuals, or until the job responsibilities of said individuals change.

(B) Any authorized employee or authorized representative who voluntarily terminates his/her employment with the College, or who is involuntarily terminated by the College, should be cognizant of the local, state, and federal laws governing disclosure of PHI and the confidential nature of patient health information. It is the legal responsibility of said individuals to maintain confidentiality of patient health information even when no longer employed by the College. If confidentiality of patient health information is breached, said individuals are still subject to punitive action mandated federal law (Health Insurance Portability and Accountability Act of 1996 [45 CFR § 160; 164]).

(C) If the job duties of an authorized employee or authorized representative change, said individuals should be cognizant of federal laws governing disclosure of PHI and the confidential nature of patient health information. It is the legal responsibility of said individuals to maintain confidentiality of patient health information even when performing different job duties that do not involve access to patient health information. If confidentiality of patient health information is breached, said individuals are still subject to punitive action enforced by the United States Department of Health and Human Services (Office of Civil Rights).

Section 3: Signature

In witness whereof, the parties (College and Assignee) hereto have caused this Agreement to be duly executed as of

______________________________________ .

(Date)

The assignee's signature below represents the activation of this Agreement.

By: ________________________________

(Signature)
Chapter: 4 Emergency, Safety and Repair Procedures

University Closure Procedures

The following people are required to report for work even when there is an emergency closing of the University, provided they can safely get to the College: Dean, Associate Dean, Associate Dean for Clinical Services, Assistant Clinic Director, College Fiscal Personnel Officer, Human Resources Administrator, Director of Student Affairs, IT Director, and Building Manager.

Crime Prevention

OSU Police     292-2121
OSU Medical Center Security  293-8500

- Lock office doors when unoccupied even if for a short time. Always keep personal belongings in locked drawers, cabinets or lockers
- Do not leave messages on your door indicating that you are away and when you will be back
- If someone asks to use your phone for an emergency call, offer to dial the telephone for them instead of allowing them access. A general use phone is also available in the patient reception area
- Do not put your address on your key ring
- Do not leave keys in hiding places
- If you see suspicious persons or activity, send an alert via email to faculty and staff and refer to the Office Creeper Policy.

Student Safety/Escort Service:  292-3322
The Student Safety/Escort Service provides safe transportation during the early evening and early morning hours for students, faculty, and staff in the campus area.

Stranger/Office Creeper Procedures and Protocol (6/11)

“Office Creepers”: opportunistic thieves who are skillful at quickly entering an unoccupied office or exam room, taking what they can and exiting undetected. It is not uncommon for faculty, staff or students to interact with these folks as they wander our building. Often they will have a ready excuse when questioned...“I’m looking for the Dental Clinic”...or “I need to have my glasses adjusted”...or “I’m looking for the men’s room” ...or some other explanation.

1. If the visitor is lost, escort the person if you are able and comfortable doing so.

2. If you feel uneasy about the person you should immediately communicate your suspicion.
   - Send an email message to Faculty/Staff: “Alert! Possible Creeper”
     - Include description with as much detail as possible: height, weight, age, sex, skin tone, hair, clothing, shoes and accessories.
Include details that caused suspicion, location and direction of travel.

- Examples: “Said he was looking for the Dental Clinic, but when I instructed him, he went the other direction

- Contact Assistant Clinic Directors, Clinic Director, Building Coordinator
- If suspicion is very strong then contact Medical Center Security Immediately at 293-8500
- If you observe a crime, or if the person becomes aggressive or threatening call OSU Police immediately (911)
  - Do not directly confront the person of interest.
  - Overhead page “Dr. Red” to xxxx location to call College personnel to your location

**Fire Alarm Procedures**

In the event of a fire alarm or fire emergency, the following steps should be carried out:

- The person spotting the fire should pull the nearest fire alarm to alert others to evacuate the building. The person should then inform the patient reception staff of the location of the fire and they will call the OSU Fire Department. (911)
- Interns working with a patient at the time of an alarm will turn off all room lights and escort the patient to the nearest exit. Use stairways for evacuations; do not use elevators, if at all possible. The intern should stay with the patient until notified that it is safe to return to the building.

**Tornado/General Disaster Procedures**

In the event of a tornado or other general disaster, these guidelines should be followed:

- An announcement of impending danger will be made over the paging system. No alarm will sound to initiate these procedures.
- Interns working with a patient at the time such an announcement is made should extinguish all room lights and escort the patient to secured areas in the basement-internal hallways where there are no windows. Use stairways for evacuations; do not use the elevators, if at all possible.
- Staff and faculty who are designated floor emergency officers should inspect their areas to make certain that all persons have been moved to the basement hallway.
- Interns should remain with their patients until the “all-clear” signal is given.

**Bomb Threats and Suspicious Objects**

If you receive or find a written threat, suspicious parcel, or suspicious object:

- Close off the area and keep others from handling or going near the object.
- Immediately notify University Police at 292-2121.
- Do not use portable radio equipment within 100 feet of the suspicious object.
- Remain calm. Do not discuss the threat with others.
- Follow police instructions.

**Prisoner Policy**

Patient Reception should schedule no more than 1 prisoner for each appointment time in the Contact Lens Service where most prisoners will be seen.

Prisoners are not to linger in Patient Reception or other areas of the Clinic. It is University policy to limit their exposure to other patients.
When a prisoner and guard arrive early, make every effort to begin the examination early.

If it is not possible to begin the examination early, the accompanying guard should do one of the three following things:

- Take the prisoner back to the holding cell until the scheduled appointment time
- Take the prisoner back to the transportation van until the scheduled appointment time
- Take the prisoner to the foyer area outside 105A Fry Hall until the scheduled appointment time.

Interns should be made aware if the patient is a prisoner, and take steps to bring them to examination room as soon as possible.

Precautions to Prevent Transmission of Infectious Disease

Universal Infection Control Precautions:
The use of universal infection control precautions is recommended to prevent the transmission of infectious disease, including HIV. HIV is transmitted through sexual contact, exposure to infected blood and blood components, and other body fluids. Blood and other body fluids from all patients are potentially infectious.

Sterilization and disinfection procedures are important to minimize the risk of infectious diseases. The precautions described below should be taken in the care of all patients.

- Hand washing before and after the care of each patient and a clean work area are among the most important factors to minimize the risk of infectious transmissions. Gloves are not a substitute for hand washing, and, if used, are for single use only.
- Wash hands (or other skin) immediately if there is contact with blood or other fluids.
- When contact with blood is anticipated, gloves should be worn. Masks or protective eyewear and gowns or aprons should be worn during procedures that are likely to generate droplets or splashes of blood. Gowns and masks are unnecessary for routine ophthalmic examination, and gloves are not indicated unless the examiner has weeping dermatitis, exudative lesions, or cuts in the skin.
- Take precautions to prevent injuries from sharp instruments (needles, etc.) during procedures or when cleaning instruments. Dispose of needles in puncture-resistant containers found in each service area. See Disposal and Clean-Up of Waste Materials in Clinic in Chapter 2 for exact locations.
- Never recap, bend, break by hand, or remove needles from disposable syringes.
- To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces or other ventilation devices are available.
- Health care workers with exudative lesions or weeping dermatitis should refrain from all direct patient care or wear disposable gloves.
- Health care workers who are pregnant must strictly adhere to HIV precautions to prevent infection from prenatal transmission.
- Devices that come into contact with intact mucous membranes (i.e., tonometer prisms, diagnostic contact or Goldmann lenses, etc.) should be sterilized or receive high-level disinfection. 3% Hydrogen peroxide, 70% alcohol, or bleach in 1:10 dilution is effective.
- Devices such as foreign body removal instruments that may come in contact with ocular tissues that are not intact must be washed thoroughly with soap and water and then taken to the Advanced Ocular Care Service to be autoclaved.
- Contact lenses used in trial fittings should be discarded after each fitting or disinfected by using hydrogen peroxide, a contact lens disinfecting system or, if compatible, heat for 10 minutes.
- Common chemical germicides at concentrations lower than used in practice inactivates the HIV virus. If a patient is known to be infectious, these germicides may be more compatible with
certain medical devices such as slit lamps, phoroptor faces, and cover paddles. (These precautions are especially important for adenoviruses.)

- Masks should be worn by any intern/attending or patient known to have a contagious disease which is airborne transmissible. These masks are available in the PVC consult room S-L100.
- Avoid touching unclean surfaces with contaminated gloved hands.
- Separate food and drink from refrigerators, cabinets, counter tops and areas where potentially infectious materials (PIMs) are located.
- Use biohazard bags to transport PIM specimens to the laboratory and place requisitions in the side pouch provided.
- Practice Universal Precautions and recognize tasks and activities in advance that may result in exposure to blood or other potentially infectious materials (PIMs), use appropriate Personal Protective Equipment (PPE) and methods.

Use and limitation methods will prevent or reduce exposure to blood or potentially infectious materials (PIM). Include engineering and work practice controls such as:

- Using caution with sharps
- Avoiding use of sharps when possible
- Using automated rather than manual methods to reduce blood exposure
- Eliminating the use of needles when possible
- Prescribing oral rather than IM/IV medication when possible
- Limiting blood drawing to trained phlebotomist

Personal Protective Equipment (PPE) is only considered appropriate if blood or other bodily fluids cannot reach street clothes, scrubs or undergarments during normal use. Each item selected for PPE has passed a functional test to determine the level of protection provided. For example:

**Inappropriate PPE includes:**
- cloth laboratory coats
- surgical scrubs
- eye glasses without side shields
- street clothes

**Appropriate PPE includes:**
- Fluid resistant isolation gowns for minor procedures with anticipated low exposure.
- Fluid impermeable surgical gowns for anticipated high exposure.
- Eye glasses or goggles with side shields for all procedures with anticipated splashes or aerosols.
- Gloves for usual exposure and Double Gloves for high risk phases of surgery such as manipulations around sharp bony surfaces, etc. for high exposure risk surgery.

**Proper use, location, removal, handling, decontamination and disposal of PPE must be as follows:**
- Immediately remove PPE and/or garments contaminated by blood or PIM.
- Remove PPE prior to leaving the work area.
- Place PPE in designated containers for disposal or decontamination for reuse. Contact the Ocular Disease Service or the Department of Environmental Health and Safety, 2-1284.
- PPE cannot prevent all puncture/cut exposures from sharps.

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**Disposal and Clean-up of Waste Materials in Clinic Areas**

Use the following containers to dispose of waste materials.
Typical Waste:
Waste paper, paper towels from washing hands, cleaning clinic surfaces, and product containers can be placed in a typical waste basket.

Sharps:
Glass slides and needles put in a red infectious waste container. When the red infectious containers are half full the containers must be brought to the Advanced Ocular Care Service for proper disposal.

Sharps containers are available in:
- PVC examination rooms
- AOC examination rooms
- CL examinations rooms
- The Eyewear Gallery for Great Vision lab (FR 114)

Infectious Waste:
Such as purulent discharge from an infected eye or blood products from a laceration should be placed in red infectious waste containers.

Blood Spills:
A small blood spill should be wiped up immediately with tissues, paper towels, gauze pads, etc., by the first person who observes it. GLOVES MUST BE WORN WHEN DOING THIS. In the event of a large blood spill, access to the affected area should be restricted and the Department of Environmental Health and Safety should be contacted, 292-1284.

Any blood, infectious or hazardous (toxic) waste should be brought to the Advanced Ocular Care Service for proper disposal by the Department of Environmental Health

Procedure for Ophthalmic Instrument Repair (6/2015)
ON-LINE REQUESTS (Preferred)
Work requests should be submitted on-line through the Help Desk link on the Optometry My Office web page or using the following link: https://helpdesk.optometry.osu.edu. Please follow the below steps and these requests will go directly to the instrument repair coordinator.

After logging in, please:

- For Request Type: Select “Building and Equipment Services”
- In the next dropdown: Select “02: Ophthalmic Instrument Repair”
- Complete the subject box with your name and the equipment needing repair, such as: “PVC 102: phoropter”
- In Request Detail, explain the issue you are having with the equipment.
- You can attach a file or photo to your request if needed.

TELEPHONE REQUESTS
For immediate help, you may call for the instrument repair coordinator at 770-6960 (pager), 330-9119 (cell), or 292-2004 (office) 292-8171 (office)

Procedure for requesting student-owned equipment repair:
When your personal clinic equipment is in need of repair, please place a help desk ticket by clicking the link [https://helpdesk.optometry.osu.edu](https://helpdesk.optometry.osu.edu) or through the Help Desk link provided on the college webpage.

After logging in, please:

- For **Request Type**: Select “*Building and Equipment Services*”
- In the next dropdown: Select “04: *student owned equipment repair*”
- Complete the **subject box** with your name and the equipment needing repair, such as: “*G. Nixon: retinoscope*”
- In **Request Detail**, explain the issue you are having with your equipment, such as: “the light flickers on and off” or “the battery won’t hold a charge”
- You can attach a file or photo to your request if needed.

Once the ticket is received you will get an email with directions to drop off the broken equipment and receiving a loaner (if available). If your instrument can’t be fixed in house it will be sent to the factory for repair. Once your equipment is returned, you will get an email instructing you to return the loaner equipment and pick up your repaired item.

If you have any questions, please contact Mat Johnson (*Johnson.2754@osu.edu* or 292-2004) or Pat Trace (*trace.31@osu.edu* or 292-8171)
Chapter 5: Evaluation and Grading

Evaluations – General Information

In order to maintain quality optometric care in the clinic facility, regular and routine evaluation of patient care and personnel performance is necessary. Several methods are used for these evaluations.

Peer Review of Records (9/2016):
ACOE standards require all clinics to conduct an ongoing, planned quality assessment, improvement and compliance program, which evaluate the provision of health, eye and vision services and provides for remediation when deficiencies are identified.

Each service will use the same peer review form; which may be completed electronically or by hand. Each form contains space for three separate peer reviewed accounts. Peer review will consist of randomly chosen patient records from each service for each attending. Peer review will be assigned to attendings that will review the assigned records and complete the peer review form. Peer review assignments are sent quarterly to each attending by the Clinic Coordinator. An attending will complete 7-8 peer reviews per quarter. Attendings are allotted approximately 2 months to complete the peer reviews for each quarterly assignment.

If a peer review form is marked that a record does not meet quality of care criteria and/or meets quality of care but is missing elements of documentation, then the chief of that service will review the record and follow up with the attending doctor. If the attending doctor was the service chief, then the Associate Dean for Clinical Services will follow up with the service chief. Any peer reviews that fail upon review by the service chief and/or Associate Dean for Clinical Services will remain on file for that attending for annual review purposes.

Clinic Personnel Evaluations:
The performance of the support staff and professional staff of the clinic is routinely evaluated according to University HR Guidelines.

External Reviews:
The OSU Optometry Services are accredited as an optometric teaching facility by the Accreditation Council on Optometric Education.

Honor Code (revised 3/11)
The profession of optometry, like all health care professions, requires of its members a code of ethics and a standard of professional behavior which will meet the demands of the public and the standards of the academic and scientific community. In an effort to abide by these codes of behavior the students of The Ohio State University College of Optometry have established an Honor Code. To view the full text of the Code, go to:

http://optometry.osu.edu/pdf/HonorCodefinal.pdf
Please see a Student Affairs staff member if you have any questions about the information about academic rights and responsibilities that are contained in the College of Optometry Honor Code.

**Intern Clinical Performance Evaluation (revised 4/10)**

Participation in the clinic is an integral part of student course work for the Doctor of Optometry degree. Therefore, the intern is regularly evaluated by individual attendings as well as by the chief of the clinic service. The function of evaluation in a clinical training program is threefold. An intern’s performance will be assessed with respect to:

1. **Competence:** The intern must demonstrate a mastery of basic information and skills.

2. **Integration:** The intern must demonstrate the ability to structure and apply basic information, skills, and clinical data to formulate treatment plans for the patient’s diagnoses.

3. **Professionalism:** The intern must demonstrate by performance and behavior, achievement of the qualities that typify professional conduct including:
   - Attention, interest and concern for the needs of patients.
   - Initiative and responsible activity in patient care, including continuity of patient care.
   - Maintenance of appearance, hygiene, and demeanor appropriate to a health care professional.
   - Promptness and follow-through in meeting clinical assignments.
   - A cooperative and respectful attitude toward peers, clinic personnel, and faculty.
   - Attention and response to instruction from clinical attendings.
   - Modifications in behavior according to previous attending instruction.
   - Recognizing areas in skill or knowledge that need improvement, and attempting to correct them.
   - Knowledge of and adherence to clinic policies and procedures.
   - Maintenance of appearance and hygiene in the examination room, including reporting appropriate building service and ophthalmic instrument repair work requests.

**Clinic Course Grading (revised 4/10)**

**General Grading Procedure Guidelines for Courses in the Delivery of Patient Care:**

The following guidelines are offered to guide student expectations and to assist faculty in grade determination relative to clinical performance. The faculty member of record in each clinical course will provide training and monitoring of attending faculty in their clinical course(s) for proper assignment of midterm and final clinic performance assessments. This will include the appropriate calibration, distribution, and assignment of performance indicators as described on the clinic performance evaluation form.

Optometry students should become familiar with the letter grading guidelines below and not assume that they will receive a grade of “A” in clinic simply by exerting a moderate effort and only reaching expected levels of clinic performance. A grade of “A” must be earned through exceptional performance that consistently exceeds the level of expectation relative to the level of training.
A: Students earning the grade of A consistently perform above expected levels of performance. These students maintain a robust clinical knowledge base and easily apply fundamental knowledge in a clinical setting. Their technical and decision making skills are sound and they maintain the ability to deliver comprehensive care with appropriate independence.

B: Students earning the grade of B consistently perform at expected levels of performance. These students often manage patients well and exhibit good clinical skills and decision making. They may exhibit rare episodes misunderstanding, technical error, or need direction to ensure complete and proper care is delivered.

C: Students earning the grade of C exhibit occasional performance below levels of expected performance. These students exhibit some reduced/inaccurate understanding or technical error that requires improvement in order to consistently perform at expected levels. This student is recommended to follow the advice of clinical attendings on the appropriate improvement method (study time outside of clinic, technical practice time, improved efficiency, etc.) to reach expected levels.

C- Students earning the grade of C- often perform below levels of expected performance. These students exhibit frequent reduced/inaccurate understanding or technical error that requires significant improvement in order to perform at expected levels. Students receiving a grade of C- must undergo a formalized clinical remediation in the semester following receipt of this grade. However, if a grade of C- occurs during the spring semester of the 3rd year or anytime during the 4th year, the case will be referred to the College Executive Committee for action.

E: Students earning the grade of E consistently exhibit substandard performance with unsatisfactory improvement or unacceptable knowledge level or skills, which may include a poor attitude or lack of effort or interest in learning. Unethical behavior or breaches in the OSU Code of Student Conduct, College of Optometry Student Honor Code, College of Optometry Clinic Policies and Procedures, or clinic course syllabi may result in the grade of E.

Guidelines for Attendings:

- Utilize a wide range of teaching strategies that have been shown to be effective, such as observing, being attentive and available, listening, providing case examples, and generally being an active teacher.
- Demand a differential diagnosis list and treatment options from interns
- Wait for answers from interns before giving it to them.
- Discuss weekly, both positive feedback and constructive criticism. Recognize that most students want to be challenged.
- Give interns timely information about their performance but refrain from telling them a letter grade.
- Do not make an overall impression of a performance level, and then choose the same level of performance for each grading category based on that overall impression. Grade each aspect of performance independently i.e. history, skills, diagnosis, treatment, communications, coding, professionalism, ethics, etc.
- Always adhere to grading deadlines.

We all share in the responsibility to carefully assess our interns and extern students with diligence. We do so to provide competent or better yet great patient care, to teach them, to protect the public, and to ultimately graduate future optometrists who can practice independently and safely. Please always communicate clearly to your interns and externs on a daily, weekly and midterm basis and with a summative evaluation at the end of a rotation if they are performing well or if they are not up to competence or if they are failing in an area. Keep in mind that the final assessment or grade is the
Responsibility of the faculty member of record for the course. Nevertheless, please make sure your interns and externs know exactly where they stand verbally and that these assessments match your written assessments.

Remediation of Clinical Coursework (revised 4/13)

POLICY:
The remediation process for clinical coursework is mandatory when a student demonstrates “insufficient clinical skills,” defined as “often performs below expectations with frequent misjudgment or technical error,” as determined by the instructor of record as of the penultimate Friday of the quarter/semester. The process begins with the selection of a remediation committee.

PROCEDURES:
Remediation Committee:
The ad hoc Remediation Committee is appointed by the Associate Dean or other College administrator with jurisdiction over the professional program and consists of: (1) The instructor of record; (2) another faculty member with an optometry degree who will serve as the Remediation Committee chairman; (3) the Associate Dean or other College administrator with jurisdiction over the professional program; and (4) a representative of the Office of Student Affairs, who will serve as a non-voting member. The Remediation Committee is appointed, meets, and initiates the remediation program in a timely fashion.

The Remediation Committee is charged to work in the best interest of the student, the faculty, the institution, and its patients to plan a remediation program designed to raise the student’s performance above the minimum competency level to the satisfaction of the instructor of record for the clinic course in which the insufficient clinical skills performance was identified. This process will involve multiple sources of feedback and will operate with respect for student confidentiality.

Remediation of Clinical Coursework:
When a student is identified for remediation of clinical coursework, the instructor of record will assign the student an “I” (Incomplete) for the course, and the alternate grade will be an “E” for the course. The Remediation Committee will establish the remediation program and will determine the period of time for the remediation process. Examples of remediation activities include but are not limited to: 1) sessions discussing critical thinking and decision making; 2) training of clinical skills and techniques; 3) extra clinical patient care assignments; and/or 4) completion of written assignments to demonstrate adequate knowledge in specific clinical areas. When the remediation is successfully completed, the instructor of record will change the I/E to a final grade of “C-“. If the student does not successfully complete the remediation, the final grade will be an “E” for the course.

From spring semester of the third year of the professional program on, an assessment of insufficient clinical skills will require an additional quarter(s) or semester(s) to successfully complete all graduation requirements. All students identified for remediation will have specific assignments to complete in addition to their normal optometric curricular requirements.

The remediation plan will be signed by the Chairman of the Remediation Committee and by the student, and a copy will be given to the Remediation Committee members, the Dean, the Associate Dean for Clinical Services, the Service Chief associated with the clinic course in question (if different than the instructor of record), and the student.

The student's progress will be documented in written reports submitted by the Remediation Committee chair to the aforementioned individuals at mid-quarter/semester. A final report documenting the
student’s successful or unsuccessful remediation will be issued at the end of the grading period in which the remediation took place.

In the case of an I/E grade in the professional program for an OPT7 student, the OPT7 student’s advisor will be notified. The advisor will then help the student manage graduate work during the remediation. One I/E grade in a clinical course in the professional program makes the student eligible for dismissal from the OPT7 program. The advisor will be invited to the Remediation Committee meetings, after which he or she discuss will the option of dismissal with the Research and Graduate Studies Committee. The Research and Graduate Studies Committee will ultimately decide whether to dismiss the student from the OPT7 program.

Approved by the Executive Committee 4/10/13

Minimum Scholastic Standards (04/10/2013)

The faculty of the College of Optometry has established standards and policies pertaining to the academic performance of optometry students. All rules as listed in the University Master Schedule and Code of Student Conduct apply as do the College’s Honor Code and Professionalism Policy. Only those courses that are part of the optometry professional program curriculum are included in the calculation of point-hour ratios for students enrolled in the College of Optometry.

The sequential nature of the Doctor of Optometry program requires that a student be enrolled in a specific year of the four-year curriculum. All courses in a particular year must be successfully completed before entering the subsequent year’s curriculum. Therefore, a student who receives an “E” or “U” grade in any course will not be allowed to continue into the next year of the program until the course is successfully completed. The student will also not be eligible to take any courses that list the failed course as a requisite until the failed course is successfully completed.

A student repeating coursework due to receiving an “E” or “U” grade must retake, for graded credit, any other of that semester’s or term’s course(s) in which s/he received a “D” grade and must officially audit or retake for graded credit, as prescribed by the Executive Committee, all of the other courses during the semesters or terms s/he is repeating.

If a student receives two or more of any of the following grades, “D”, “E”, “U”, or “I/E”, during the program, s/he is eligible for dismissal.

Students with a “D”, “E”, “U”, or “I/E” grade will be notified of their academic standing by the College, in writing. Such notifications will include a clear statement of what will be required of the student academically in order to avoid dismissal.

If a student’s cumulative point-hour ratio at the end of spring semester of the second year of the program or beyond is less than 2.00, s/he is eligible for dismissal. If s/he is retained in the program, no advancement into clinical care is permitted until the cumulative point-hour ratio exceeds 2.00. The student’s individualized academic plan will be prescribed by the Executive Committee.
If at any time the behavior of a student is inappropriate or unsatisfactory, the Executive Committee of the College of Optometry can, after deliberate review, dismiss the student from the College of Optometry. Conditions for retention will be determined by the Executive Committee.

Written notice of dismissal from the College or University will be sent by the Dean of the College of Optometry to the student.

A dismissed optometry student may petition the Executive Committee to be reinstated. Conditions for reinstatement will be determined by the Executive Committee. Failure to meet these conditions will result in eligibility for dismissal.

Approved by Executive Committee: 4/10/13

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**Meditrek Clinical Evaluation Submission Protocol (2/09)**

To access your individualized Meditrek Welcome page, please follow the steps below:

1. Direct your browser (HSoft recommends Microsoft IE, version 5.5 or higher) to [http://www.meditrek.com](http://www.meditrek.com)

2. Click on the REGISTERED USER LOGIN label, and then enter your login credentials listed below:
   - **User Name:**
   - **Password:**

   Please remember that the password is case sensitive. Also, please memorize your password, and/or write it down and keep it in a safe place.

3. Click OK.

4. Your individualized welcome page will be displayed. Your students should be highlighted in the table in the middle of your screen. If not, select the current academic year and click on "Display Pending Evaluations". The table should display the academic year (AY), or the period (PER 1=summer, 2=autumn, 3=winter, 4=spring), start date, end date, name of chief preceptor, extern name, name of rotation, and team # (please ignore). The two columns at the right display a hyperlink to the midterm (MID) and/or final (FIN) evaluation forms that need to be completed. Any evaluations that have been completed are marked as "done", and any that are pending are marked as "due". Previous entries can also be saved in a "draft" form prior to final submission.

5. Click on "due" in the corresponding midterm (MID) or final (FIN) column for your first extern. This will load the evaluation form that needs completed. **Please note this is a newly developed form with updated criteria to assess the appropriate level of extern performance. Please read the instructions. Be sure to rate each item independently to accurately describe how the extern performs in that particular area or skill set**

6. Click on the appropriate radio button to the right of the number you want to assess for each item. Answer the question, "Did the intern ask you how you thought they were performing?"

7. Please provide comments in the written area. Your comments are welcome and encouraged. However, please do not provide a letter grade. If you wish to print out a hard copy of your evaluation, you must do so prior to saving. When you have completed your evaluation click on "Save Final" to submit your evaluation. You also have the ability to "Save Draft" if you wish to make edits to
your evaluation at a later time prior to submitting. Also, by saving it as a draft, you have the ability to access the draft electronically if you choose to review it with the extern on-line. Please repeat this process for each of your externs for the current.

8. Once submitted, you will no longer have access to your electronic evaluation. It is recommended that you print out the evaluation page before you “SAVE FINAL”, so that you may hand a hard copy to your extern and to save one for your own records. For each midterm and final evaluation, it is important to verbally communicate strengths and weaknesses to your externs and to provide goals and strategies for improving throughout the remainder of their training.

9. Please notify Dr. Greg Nixon, gnixon@optometry.osu.edu if you have any questions or encounter any problems.

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**Generic Meditrek Clinic Performance Evaluation Template**

**SECTION 1: PATIENT CARE SKILLS AND TECHNIQUES**

Instructions:
- Rate the student in each of the following areas using the scale below.
- Carefully evaluate each item independently correlating to the student’s performance in each specific area.
- Performance rankings should be given relative to the level of training (i.e. 1st quarter 4th year, etc.).
- Use the graphic on the following page to guide the expected distribution of scores for the entire class (3rd, 4th year)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;&gt;&gt;</td>
<td>Consistently performs beyond expectations; performs area independently</td>
</tr>
<tr>
<td>&gt;&gt;&gt;</td>
<td>Expected performance relative to level of training</td>
</tr>
<tr>
<td>&gt;&gt;&gt;</td>
<td>Needs some improvement to reach expected level</td>
</tr>
<tr>
<td>&gt;&gt;&gt;</td>
<td>Consistently performs below expected level with need for substantial improvement</td>
</tr>
</tbody>
</table>

1. Patient history and testing relevant to CC or reason for visit
2. Procedural skills (Refractive and eye health assessment)
3. Critical thinking skills; analysis and assessment of examination findings
4. Ability to differentiate normal & abnormal and prioritize problems properly
5. Ability to formulate diagnostic & therapeutic plan relating to CC other History
6. Record keeping with clear and complete assessment and plans
7. Patient communication
8. Efficiency, time and patient management
9. Level of knowledge base appropriate to clinical service
10. Coding and billing

**SECTION 2: PROFESSIONALISM AND CONDUCT**

RARELY OFTEN ALWAYS
1. Did the student adhere to the attendance and personal leave guidelines?
2. Did the student demonstrate adequate respect to the preceptor, staff, and patients?
3. Did the student demonstrate initiative and responsibility in the care of patients?
4. Was the student an active participant in their learning?

**SECTION 3: OVERALL CLINICAL COMPETENCY**

Instructions:
- Rate the overall performance of the student using the descriptors below.
Overall clinical competency should be assessed relative to the level of training (i.e. 1st quarter 4th year, etc.)

**Exemplary Clinical Skills**: Reserved for the rare extern who consistently exceeds expectations; robust clinical knowledge base; independent delivery of comprehensive care

**Proficient Clinical Skills**: Often performs well; uses good judgment with appropriate direction

**Sufficient Clinical Skills**: Performance matches level of expectation most of the time with rare episodes of misunderstanding or technical error

**Reasonable Clinical Skills**: Occasional performance deficit; some reduced/improper understanding or technical error

**Insufficient Clinical Skills**: Often performs below expectations with frequent misjudgment or technical error

**Deficient Clinical Skills**: Consistently exhibits substandard performance with unsatisfactory improvement or unacceptable knowledge level or skills

Please provide comments highlighting your student's overall strengths, weaknesses, and specific needs for improvement. DO NOT assign a letter grade. Comments are REQUIRED to justify ratings of Exemplary or Deficient overall competency.

**Meditrek Attending and Service Evaluations by Interns**

Each student intern will evaluate his/her preceptor(s) and site(s) by the Wednesday before the last day of the term rotation. This evaluation is MANDATORY for passage of all internal and external clinic rotations.

The evaluations are done within Meditrek. The list of faculty that each student needs to evaluate is automatically listed on his/her Welcome Page.

Please Note: If there are faculty listed that you did not work with or if a faculty member is missing that you worked with a significant amount of time, please notify Dr. Nixon or Carol Wilcox via e-mail.

Click on the “due” hyperlink in the right column of each instructor listed to load the evaluation form.

You must complete all 17 evaluation items listed by clicking on the corresponding radio button.

Comments are welcome and highly encouraged in order to give your ratings the appropriate context. Be advised your evaluation rankings and comments are anonymous and will be grouped with other comments from students who have rotated through the site on different terms to protect your anonymity. While students are encouraged to be candid and forthright with feedback, any critical comments should be constructive in nature and maintain professionalism at all times (no profanity, personal attacks, etc.)

Because Meditrek is password protected, it allows us to be able to determine whether or not you have completed your evaluations by the end of the quarter. Depending on rotation, your service chief or extern director will be responsible for ensuring you have completed all of your evaluations by the specified deadline.

If you fail to complete all of your evaluations, you will receive an incomplete for the term.
Attending Evaluations: (for interns to complete)
At the close of each quarter/semester, interns are required to evaluate the attendings using the OSU Clinical Services Teaching Evaluation in Meditrek. This feedback mechanism is intended to improve the teaching skills of our attendings and strengthen the effectiveness of the overall clinical experience. The evaluations are anonymous and will not be available for individual attendings to review until one quarter/semester after the evaluation is complete. Service chiefs will have immediate access to evaluations for grade calculation purposes. If the intern does not complete the teaching evaluation before the end of the clinic term, the intern will receive an incomplete for the course. The intern will use his/her secure Meditrek login to complete the evaluation.

OSU Clinical Services Teaching Evaluation (located on Meditrek)

Clinic Attending: _____________________
Clinic Service: _______________________

ATTENDING EVALUATION

The attending clearly identified objectives and expectations of intern performance.

1. The attending was available for questions and consultation.
2. The attending had a thorough clinical knowledge for his/her practice setting.
3. The attending treated the student intern with respect and courtesy.
4. The attending was enthusiastic about clinical teaching.
5. The attending provided appropriate explanations of diagnosis and management plans.
6. The attending provided good examples of patient communication.
7. The attending observed the intern’s performance.
8. Intern evaluation of performance was timely and appropriate.
9. Overall, the attending was an effective clinical teacher.
10. What was the level of the attending’s expectations of student performance?
11. What was the level of student involvement in patient care?
12. To what degree did the attending use patient encounters as teaching opportunities?

CLINIC SERVICE EVALUATION

13. This clinic service had an adequate patient base to support clinical optometric education.
14. The service support staff was courteous and helpful.
15. Overall, this clinic service provided an effective clinical experience.

IN ORDER TO ASSIST OUR EFFORTS TO PROVIDE QUALITY CLINIC INSTRUCTION, YOUR COMMENTS ARE BOTH WELCOME AND ENCOURAGED TO EXPAND ON YOUR RATINGS ABOVE.
• PLEASE NOTE THAT A COMMENT TO QUESTION #17 IS REQUIRED TO SUPPORT A RANKING OF "STRONGLY AGREE" TO QUESTION #10.
• LIKewise, ANY RANKING OF "STRONGLY DISAGREE" ABOVE WILL REQUIRE A COMMENT ON HOW TO IMPROVE IN QUESTION #18.

16. Name 2-3 things this attending did well and should continue to do because these things significantly affected your clinical education.
17. Identify 1-2 things this attending could do better to further aid your clinical education.
18. Please comment on any interpersonal skills you developed during this rotation, including patient communication or leadership/management skills used with professional colleagues or staff.
19. Were you provided adequate orientation materials (written and/or verbal) that outlined the expectations of the rotation? What do you wish you had known prior to the rotation that would have helped you assimilate into the rotation better and more quickly?
20. Other than your Meditrek evaluation, did you receive feedback on your clinical performance? What type of feedback is most valuable to you?
21. Please provide additional comments about the quality of this attending and your overall experience in this clinic service.

Chapter 6: Patient Billing, Accounts Receivable, and Cash Handling Responsibilities

Billing and Accounts Receivable

• Patient will set up an appointment with College of Optometry. Patient Reception (PR) will check demographics and obtain insurance information.
• Representatives from PR or the Eyewear Gallery will verify insurance information prior to patient arrival.
• Patient will check in at front desk and PR will obtain a copy of the patient’s insurance card at time of appointment.
• The College of Optometry will provide billable goods/services. Services provided are recorded on the service sheet by the attending and intern. At patient checkout, the services are entered into Compulink, the College of Optometry’s practice management system.
• Patient is expected to pay for services not covered by insurance at the time they are received. Materials that are not covered by patient insurance are paid in full at time of purchase. Payment methods accepted are cash, check, or charge (MasterCard, Visa, and American Express). For all services/materials not paid in full, an "accounts receivable" is established for the patient/insurance company in Compulink.
• Billing Department will review the service sheet to verify all procedures and diagnostic codes were entered into Compulink and verify insurance information. Patients who have not paid for their services or materials in full are sent a statement every 25 days.
• Billing Department reviews an Aging Report prior to submitting claims to each insurance company to investigate claims that have a billed date more than 45 days old. If the insurance company has denied or is requesting information from the patient, the amount due is transferred to the patient.
The Billing Department submits claims to insurance companies for goods and services that are provided. Claims are processed electronically whenever possible. All other claims are processed manually.

Billing Department receives payment, posts payment into Compulink, and forwards checks and/or cash to Accountant for deposit. Accountant deposits funds and posts payment to General Ledger (credit card payments are posted to GL automatically).

Billing Department turns the account over to the Bursar’s Office if the amount due is not paid within 90 days and no action has been taken by either the insurance company or the individual. At that time accounts are turned over to the Bursar’s Office, amounts due are removed from both Compulink and the General Ledger. Each insurance company has its own timeline in the collection process, some insurance companies (i.e. Medicaid, Medicare, etc.) or multiple insurance companies are permitted a longer time frame to submit claims.

Note: College of Optometry faculty and staff will not post charges or payments to their own accounts. The “audit trail” function is activated in Compulink to ensure the individuals entering all charges and payments posted are identified. The Assistant Clinical Director will conduct and document an annual audit to verify that no employees with access to Compulink have posted charges or payments to their own accounts.

Scheduling Patients in Collections Policy (09/10)

- When a patient calls to schedule an appointment and has an alert on the account for collections, first determine if the patient is still in collections by asking the billing staff to check the SIS system.
- When the patient calls to make an appointment, first determine whether the appointment is for a comprehensive examination or another type of service.
- If the patient requests a comprehensive examination, the Patient Reception staff will inform the patient that their outstanding balance must first be paid at the Treasurer’s office before an appointment can be scheduled.
- The patient must also be informed that a copy of the paid receipt must be presented before services can be given.
- If the appointment is for urgent care, the Patient Reception staff will get the name and number(s) of the patient, pull the medical record, and defer to the service chief regarding scheduling. The service chief will determine whether the patient should be scheduled or referred to the ER. If the patient is to be scheduled, Patient Reception will contact the patient, schedule the appointment, and inform the patient that payment is expected at the time of services.

Cash Handling

All individuals who handle cash will receive Cash Handling Training. Training is prepared, conducted and documented by the Accountant. Individuals will be informed of how to handle cash, checks and credit cards in accordance with University Policy. Specific information about what is included can be found in the Cash Handling Training.

Clinic Deposits

In addition to University requirements, each department will prepare and submit a Daily Deposit Sheet to the Accountant. Each department submitting the deposit will:

- Enter the actual physical count in the “actual” column.
- Run a daily Payment Report in Compulink and use totals in the “Compulink” column.
• If there are any discrepancies between the Compulink and Actual column, the person completing the deposit sheet must resolve differences.
• The deposit checklist must be completed and each deposit must be signed by closer.
• Deposits are transferred to the Accountant daily for all departments in the Main Clinic. Student Health and Lower Lights deposits must be made within one business day for accumulations of $1,000 or more in cash and/or checks, or within three business days for accumulations for cash and/or checks less than $1,000.

Accountant will prepare deposit in accordance with University guidelines.
• Individual deposits will be first prepared, verified, and submitted by the individual departments.
• Accountant will verify totals and prepare a consolidated daily deposit for the Main Clinic (Eyewear Gallery, Contact Lens Clinic, Pediatrics/Low Vision, and Billing Department). Separate deposits will also be prepared for the Student Health Center and Lower Lights location.
• Accountant will verify cash, checks, and credit card totals (physical count vs. Compulink summary report), complete a daily deposit summary, enter deposit into PeopleSoft, and complete daily reconciliation spreadsheets.
• Accountant will submit completed deposit information to Business Manager for review. Business Manager will indicate review by entering date and initials on Daily Reconciliation Spreadsheet.

Insurance Deposits
Insurance deposits are received in the Billing Department and entered into Compulink by billing office staff. Billing department forwards all checks to Accountant for deposit. Accountant enters deposit into PeopleSoft in accordance with University policies and procedures.

Other Deposits
All other deposits (IDBs, Co-Op checks, etc) are forwarded to the Accountant for deposit. Accountant will deposit check into accounts as indicated by the SFO or Business Manager. If the check affects a patient account, accountant will notify Billing Department so that the payment can be entered in the patients account in Compulink. Accountant then enters deposit into PeopleSoft in accordance with University policies and procedures. Gift cards received from vendors are forwarded to the business office for safe keeping and to be used for employee recognition purpose.

Segregation of Duties
In all cases, the person who receives the check, the individual who processes the deposit, and the individual who reconciles the transaction will not be the same person.

Reconciliation
Reconciliation is completed monthly. Individuals will reconcile a portion of the General Ledger and/or Balance Sheet for transactions they did not personally process. Source documents will be verified against the General Ledger or Balance Sheet and will be checked to ensure that the following is correct: amount, chartfield, vendor, proper documentation on file, appropriate approvals obtained, and that the item(s) purchased were authorized. Corrections will be processed upon discovery. Business Manager will consolidate input and forward to SFO for review.
Interaction with Vendors

The College of Optometry does not have specific vendor policy. However, in order to ensure that the care we provide is always in the best interest of the patient and in no way affected by financial gains of any individual involved in patient care, we require that annual conflict of interest disclosure forms be completed by the Dean, Associate Deans, all clinic chiefs, staff in the business office and all employees who may have direct contact with any vendor corporations or their representatives that have an interest in marketing products or services to our organization. The college senior fiscal officer reviews completed conflict of interest (COI) forms and consults with the Office of Legal Affairs if a potential COI issue is identified.

Chapter 7: Third Party Insurance

All interns and attendings associated with The Ohio State University Optometry Services are expected to be familiar with and exhibit the correct use of CPT and ICD codes when billing medical insurance and vision insurance plans. Insurance plans, specific plan benefits and plan providers change often.

A patient’s coverage and benefits for each eligible plan will be verified before the patient’s appointment. Attendings and interns should be aware of a patient’s coverage before administering any additional testing. The billing department staff is available to help.

- Attendings will review all service sheets with interns for completeness and accuracy.
- Attendings and interns should always know the patient’s vision and/or medical insurance and advise the patient when possible of additional charges.
- When billing Evaluation and Management (99XXX) codes, bill to the appropriate medically indicated and documented level.
- Bill for all procedures performed and provide justifiable ICD codes
- The first ICD code should always represent the patient’s chief complaint.
- Attendings and interns will sign the service sheet
- Educational visits must be approved in advance by the Clinic Director.

Required testing for comprehensive examination (VSP)

- Case History
- Patient’s chief complaint
- Ocular health history
- Medical health history
- Current medications and medication allergies
- Occupational and vocational visual demands

Visual System Health Status Evaluation

- External examination
- Biomicroscopy
- Visual field screening
- Tonometry
- Internal/fundus examination including direct and/or indirect ophthalmoscopy with or without dilation and, at minimum, a numerical notation of cup-to-disc ratio
- Neurological Integrity
- Pupillary reflexes
- Ocular motility/Versions (Versions must be recorded separately from binocular function testing)

**Refractive Status Evaluation**
- Entering visual acuities with habitual Rx or unaided acuity, all recorded monocularly
- Subjective refraction with best corrected visual acuities (recorded monocularly).
- Accommodative function (NPA, NRA/PRA, X-cyl, MEM retinoscopy, Near VA through subjective refraction)
  - At least one of the following
    - Objective refraction by retinoscopy of autorefractor
    - Keratometry

**Binocular Function**
- At least one of the following
  - Cover test
  - NPC
  - Phorias
  - Stereopsis
  - Vergence testing
  - Grade of fusion
  - Fixation disparity
  - Prism reflex test
  - Hirschberg corneal reflexes
  - Ocular dominance

**Diagnosis and Treatment**
- Diagnosis and documentation of treatment plan in record

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**Overview of Medicare**
Medicare is the federal health insurance program that provides medical coverage for people 65 and older, for certain disabled people, and for certain people with end-stage renal disease. Medicare is managed by the Centers for Medicare and Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS).

**Documentation Guidelines for Medicare Examinations**
Evaluation and Management (E/M) and Comprehensive Examination coding involves three major parts:

**History**
- History of present illness (HPI),
- Review of systems (ROS)
- Past, family and social history (PFSH)

**Physical Examination**

**Decision Making**
These three sections of the examination must be performed and documented in the patient medical record by the attending for billing to Medicare.

In order to bill Medicare for evaluation and management services (992XX, 92XXX codes), the attending must examine the patient and document in the medical record the history of present illness, physical
exam elements, and medical decision making. Interns may examine and document problem pertinent
review of systems and pertinent past family/social history but not chief complaint or history of present
illness which includes location, quality, severity, duration, timing, context, modifying factors and
associated signs/symptoms.

The intern may examine a Medicare patient, however, all physical exam findings that are collected by an
intern must be verified (meaning the patient is examined by the attending) and documented in the
medical record by the attending. The attending is not permitted to refer to any exam findings
documented by an intern in his/her personal note in the medical record when billing an evaluation and
management code for Medicare.

The bold items above and listed again below must be verified and documented in full in the medical
record by the attending when billing E/M codes to Medicare.

History of present illness (HPI)
Physical examination
Decision making