



Vision To Learn

Focus on the Future



Your child's school is partnering with Vision To Learn to provide vision services this school year! Students will first receive a vision screening which will identify if your child needs an eye exam. Vision To Learn's mobile vision clinic will then visit your student's school campus and, if needed, provide an eye exam and glasses. Good vision is important for your child to do well in school. Below are **three ways** your child can access vision care:

YOUR CHILD PARTICIPATES IN THE VISION TO LEARN PROGRAM – TO CHOOSE THIS OPTION, NO FOLLOW-UP IS REQUIRED

You can have your child participate in the Vision To Learn program. The routine eye exam and glasses are provided at no out-of-pocket cost to your family. Students will first receive a vision screening from a Vision To Learn clinician. The Vision To Learn mobile vision clinic will provide your child with a routine eye exam, conducted by a licensed optometrist. Results will be shared with you. If needed, your child will pick out glasses frames. Glasses will be delivered 3-4 weeks later.

IMPORTANT: If you choose this option, vision services provided will be billed to your child's Medicaid benefits, if available. You may receive a notice called an Explanation of Benefits (EOB) from your insurance carrier with information regarding the services billed and the payments that have been approved, but you will not pay any additional out of pocket co-pay or charge for the services or eyeglasses.

CONTINUE CARE WITH YOUR LOCAL EYECARE PROVIDER – TO CHOOSE THIS OPTION, SIGN AND RETURN THE ATTACHED OPT-OUT FORM

If your child already has an eye doctor, you should return to that doctor for continued vision care services. To find an eye doctor near you, call the 1-800 number on the back of your child's insurance card. If your child has active Medicaid or CHIP insurance, the eye exam and glasses may be covered at no cost to you!

If you do not want your child's Medicaid vision benefit to be utilized, please choose this option. Sign and return the attached opt-out form to decline Vision To Learn's service.

MY CHILD HAS A VALID PRESCRIPTION AND WE NEED ASSISTANCE WITH GLASSES ONLY – TO CHOOSE THIS OPTION, EMAIL YOUR CHILD'S RECENT GLASSES PRESCRIPTION TO VISION TO LEARN

If your child has received recent care from an eye doctor, and your child needs a pair of eyeglasses, then please email a valid prescription (exam must be within the past 12 months) from your child's eye doctor or clinic to connecticut@visiontolearn.org prior to **Monday March 24th, 2025**. Vision To Learn will help your child will choose a new glasses frame from the Vision To Learn frame kit, and order new glasses with the prescription provided. An optician will fit your child with their new eyeglasses within 3-4 weeks from your child's fitting.

SAMPLE

EXTERNAL PRESCRIPTION						
FOR _____ ADDRESS _____	DATE OF EXAM _____ EXPIRATION DATE _____					
Rx _____ OD _____ OS _____	Sphere _____	Cylinder _____	Axis _____	Prism _____	Base _____	Add _____
SPECIAL INSTRUCTIONS _____ DOCTOR'S SIGNATURE _____						
P.D. _____ LICENSE # _____						

Thank you for the important role you play in the health of your child.

To learn more about Vision To Learn and the mobile vision clinic, please visit www.visiontolearn.org. If you have questions, please contact your school nurse.

NOTICE OF PRIVACY PRACTICES -- VISION TO LEARN

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. As Legal representative/parent of a minor patient, when reading this notice, please understand that the term "you" represents the minor patient. Vision To Learn ("VTL") provides optometric services to you and in doing so, may act as a Covered Entity for the purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). VTL, its employees, and workforce members who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice").

The most common way VTL will use your information is for treatment, payment, and health care operations.

- Treatment. Your PHI may be used and disclosed to provide treatment and other services to you--for example, to discuss and treat your injury or illness or condition with other providers.
- Payment. Your PHI may be used and disclosed to obtain payment for services provided to you--for example, disclosures to claim and obtain payment from your health insurer. We may send a bill to you or to a third-party payer, such as a health insurer.
- Health Care Operations. Your PHI may be used and disclosed for health care operations. For example, PHI may be used to evaluate the quality of optometrists. In addition, PHI may be shared with business associates who perform treatment, payment, and health care operations services on behalf of VTL.

For certain information, you can tell us your choices about what we share. If you are not able to tell us your preference because you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share when needed to lessen a serious and imminent threat to health and safety. If you have a clear preference for how we share in the situations noted below, please tell us.

- Share information with your family, close friends, or others involved in payment.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts.
- We will never market or sell your personal information.

We are allowed or required to share your PHI in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- Help with public safety issues such as preventing disease or reporting abuse
- Health research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral
- Address law enforcement and other government requests
- Respond to lawsuits and legal actions
- Conduct outreach, enrollment, care coordination, and case management
- Appeal a Medicaid decision
- Share with our contractors and agents who help administer our program
- Comply with special laws to the extent they are stricter than this Notice

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Your Rights

- You can ask us not to use or share certain health information for treatment, payment, or our operations, but we are not required to agree to your request, and we may say “no” if it would affect your care.
- You have the right to ask to see or get a copy of your health and claims records and other health information within 30 days of the request. Contact Dr. Amanda Hikin at amanda@visiontolearn.org to obtain a copy of your records.
- You have the right to ask us to correct your health claims and records. We may say no but we must tell you why in writing within 60 days.
- You can request confidential communication or for us to contact you in a specific way.
- You can ask us for a list of the times we shared your health information within the prior 6 years, one per year for free.
- You can ask for a paper copy of this notice at any time.
- You can choose someone to act for you and to make choices about your health information.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you. Effective Date: June 24, 2022

For Further Information or Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact Vision To Learn’s National Managing Optometrist Dr. Amanda Hikin at amanda@visiontolearn.org. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Vision To Learn will not retaliate against you if you file a complaint.

VISION TO LEARN – CONNECTICUT CONTACT

Sabrina Davis, Program Manager

sabrina.davis@visiontolearn.org, (959)221-2393