



Welcome to Buckley Chang Eye Institute

For your convenience, we ask that you please take a few minutes to complete the enclosed paperwork prior to your arrival. Please bring the completed paperwork with you on the day of your appointment.

If you should need to reschedule or cancel your appointment,
please call our office at (719) 444-3000.

Contact Lens Protocol Reminder

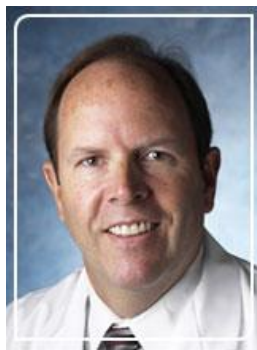
- If you wear regular **soft lenses** you will need to take them out at least **one week** prior to your exam.
- **Toric** lens wearers and those who **sleep in** their contacts need to be out of their contacts at least **two weeks** prior to their exam.
- If you wear **rigid gas permeable** lenses you will need to take them out **three weeks** prior to your exam. After your 3 week exam, you will continue to be out of your rigid gas permeable contacts for an additional three weeks. At that time, we will check the stability of your prescription to determine when you may schedule your surgery.

We look forward to seeing you on

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Our Surgeons

Britt Buckley, M.D.



Dr. Britt A. Buckley graduated from the University of Kansas School of Medicine in 1979. Following his Flexible Medicine Internship at St. Luke's Hospital in Kansas City, Missouri, Dr. Buckley completed a three-year ophthalmology residency at the Medical College of Virginia, Richmond, Virginia in 1983. Dr. Buckley moved to southern Colorado that same year and was associated with the Colorado Springs Eye Clinic until 1985. At that time, Dr. Buckley established his solo ophthalmology practice and three years later he became CEO, President and Surgical Director of Peak Vision Center, which is now Buckley Chang Eye Institute.

Dr. Buckley has received extensive training in refractive eye surgery. He studied RK with the famed Dr. Leo Bores. He took part in the Summit Technology Excimer Laser Visionary Program in London and Berlin from 1992 through 1993, studying both the LASIK and PRK refractive surgical procedures.

As a teaching physician, Dr. Buckley has trained approximately 100 ophthalmologists in the latest refractive surgical techniques using the most modern state-of-the-art technology. Dr. Buckley ranks among the top five percent of all AMO/VISX surgeons nationwide. He has performed tens of thousands of laser vision correction procedures. He has authored numerous articles and presented several professional papers at doctors meetings and medical gatherings throughout the nation. *

As the founder and head refractive surgeon of Buckley Chang Eye Institute, he performs thousands of refractive surgical procedures each year.

*Dr. Buckley was also founder of the Twenty Twenty Vision Institute in Denver, a well known leader in Lasik surgery in that city.

Matthew Chang, M.D.



Dr. Matthew Chang is originally from Chicago, Illinois. He completed his undergraduate degree at the Johns Hopkins University in 1992. He went on to become one of the first physicians to complete a joint degree in medicine and business administration at the renowned Medical Scholars Program at the University of Illinois.

Dr. Chang completed his ophthalmology residency at the Kresge Eye Institute in Michigan, where he was elected chief resident in his final year. After completion of his residency, Dr. Chang continued his education at the University of Arizona. His fellowship training was in the field of cornea, refractive surgery, and external disease. He has conducted numerous research projects involving refractive surgery, cataract surgery, and microbiology involving the eye. He is actively involved in several current research studies.

Dr. Chang worked in a large group setting in southern Wisconsin for two years, before moving to Colorado Springs and joining Buckley Chang Eye Institute in 2005. Dr. Chang specializes in corneal transplants, Lasik surgery, glaucoma, and other anterior segment disorders. He prides himself on being on the cusp of the latest technologies and techniques.

Dr. Chang's principle goal is educating his patients and enabling them to be personally involved in their vision care. Patient satisfaction is his highest priority. Dr. Chang's personal interests include snowboarding, golf, art and art history, and travel.

Our Optometrists

Joe Miles, O.D.



Dr. Joe Dean Miles grew up in a small farming community in Southeastern Idaho. He finished his High School Education at Grace High School where he participated in football, basketball, and track.

He and the former Claudia Ann Kimball have been married for the past 42 years and are the parents of four sons and are blessed with 12 grandchildren. They enjoy gardening, hiking, camping, reading, and golf. They are very active in their church and have had the opportunity to serve in many different teaching and leadership positions.

Dr. Miles did his undergraduate studies at Brigham Young University then at the University of Utah where he completed one year of Physical Therapy school before deciding to opt for four more years at the Southern California College of Optometry earning his Doctor of Optometry degree in 1977. While at SCCO he was voted Clinician of the Year by his Instructors for his Clinical expertise and his manner of treating his patients. While earning his degree, he worked as a surgical technician and as a laboratory technician to help finance undergraduate and graduate school. He has been practicing here at Buckley Chang Eye Institute since January of 1998 and enjoys providing the high quality of eye care which Buckley Chang Eye Institute strives to provide for our patients. Dr. Miles helps provide the pre-and post-operative care for those having Refractive Surgery as well as providing comprehensive eye care for those with diabetes, macular degeneration, glaucoma, and other types of visual and ocular conditions. He also provides routine visual exams for spectacles and enjoys fitting a wide variety of contact lenses to meet the needs of our patients.

Before coming to our center, Dr. Miles practiced in Sandy, Utah for nearly 21 years, the last 4 of which were in a Senior Specialty Center where most of his patients were over 60 years of age, mainly with diseases and complications due to the aging process of the eyes and visual system. He very much enjoys his association with the patients, doctors, and staff here in Colorado Springs and is very happy with his decision to move.

Felicia Popowski, O.D.



Dr. Felicia Popowski grew up in Maryland and began her undergraduate studies at The Pennsylvania State University. In 2001, she received her BS degree from The University of Washington in Seattle, WA. After working for 7 years in a large ophthalmology practice as a surgical tech, clinic tech and clinic general manager, she decided to pursue a career as an optometrist.

In 2005, she received her Doctor of Optometry degree from Pacific University in Oregon where she was selected as the Outstanding Clinician for the Class of 2005. In addition, she was named the 2004-2005 Student of the Year by the Optometric Physicians of Washington. She conducted research and co-authored a thesis on "The Shift in Refractive Error with Overnight Inversion of Silicone Hydrogel Contact Lenses." She completed internships at Barnet Dulaney Perkins in Phoenix, Arizona, All About Eyes in Portland, OR and Best In Sight in Denver, CO. She is a licensed Colorado optometrist, therapeutic, diagnostic and injection certified practitioner, InfantSEE provider, and a member of the Colorado Optometric Association and the American Optometric Association.

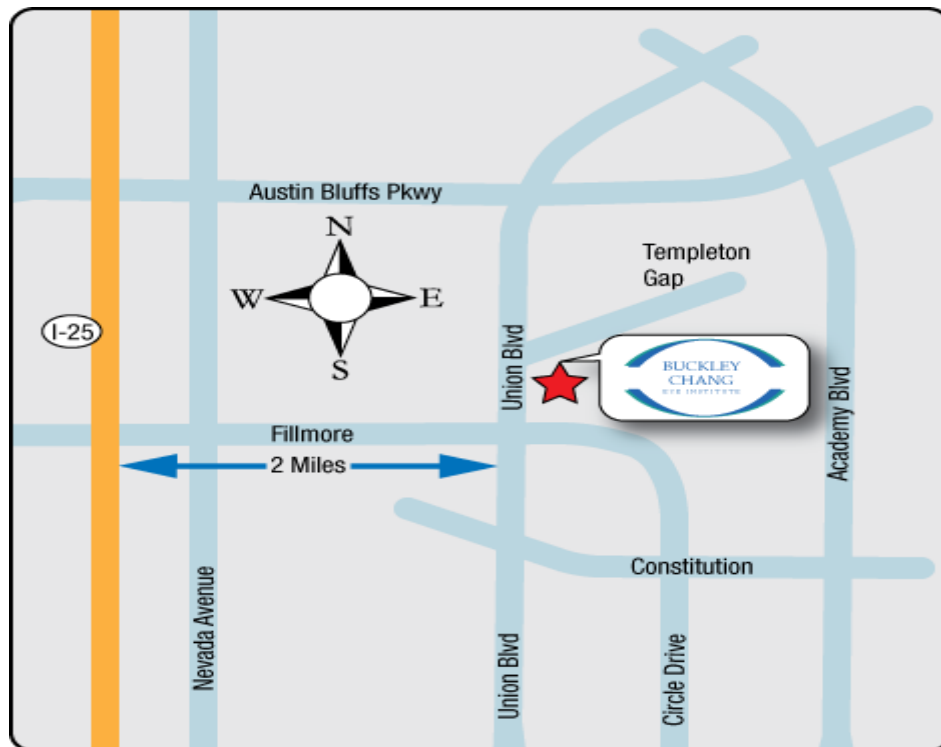
As an optometrist at Buckley Chang Eye Institute, she enjoys the challenge of providing pre and post-operative surgical care, treating ocular disease, managing glaucoma patients and fitting difficult custom contact lenses. She also has a special interest in infant and child examinations.

Outside of the office, she pursues competitive running, gourmet cooking, singing, and adventures in the great outdoors with her pro-athlete husband Dr. LeRoy Popowski and their two sons Jared and Zack.



A Map to our Office:

Our office is located at 3155 North Union Blvd. in Colorado Springs, CO 80907
We are one block north of the Circle/Union intersection



WELCOME TO BUCKLEY CHANG EYE INSTITUTE

Patient Name: _____ Date of Birth: _____
Last First MI

Address: _____ City, State, Zip Code: _____

Employers Name: _____ Address: _____

Home Phone: _____ Work/Other Phone: _____ Marital Status: M S W D

Email Address: _____ Occupation: _____

Sex: M F Social Security Number (Required unless patient is minor): _____

Primary Care Physician's Name: _____

Primary Eye Care Physician: _____ Last seen? _____

Were you referred to us by a doctor for surgery?: Yes No If yes, by whom?: _____

Responsible Party's Name (If different): _____ Phone Number: _____

MEDICAL HISTORY

Are you allergic or sensitive to any medications: Y N If yes, please list: _____

What medications are you currently taking: _____

Do you wear glasses or contacts: Y N How old are they: _____ Contact Lens Brand: _____

Do you drive: Y N If yes, do you have difficulty: _____

Please list any eye surgeries and when they were performed: _____

Have you or any blood relative had any of the diseases listed? Please indicate below.

Disease	You	Relative	Relationship
Blindness			
Cataract			
Crossed Eyes			
Glaucoma			
Macular Degeneration			
Retinal Detachment/Disease			
Osteoarthritis (aging)			
Rheumatoid Arthritis			
Diabetes			
Heart Disease			
Lupus			
Thyroid Disease			
Graves Disease			
Cancer			
Other			

Please circle any other medical conditions you have now, or have had in the past:

- | | | |
|---------------------|----------------------|-------------------------------|
| Loss of vision | Halos | Weight gain or loss |
| Loss of side vision | Discharge | Tired eyes |
| Light sensitivity | Sandy/gritty feeling | Asthma |
| Chronic infection | Sty/chalazion | Headaches |
| Post-nasal drip | Excess watering | Chronic cough |
| Migraines | Flashes/floaters | Dry throat/mouth |
| Tobacco use | Recreational drugs | Genital/reproductive disease |
| Shingles | Hepatitis | Hay fever/allergies |
| Anemia | Chronic bronchitis | Blocked blood vessel |
| Seizures | Sinus congestion | Hemorrhage in the eye |
| HIV | Emphysema | Foreign body sensation |
| COPD | Dryness | Herpes simplex keratitis |
| Blurred vision | Redness | Skin changes (lumps, rashes) |
| Double vision | Burning | Chronic diarrhea/constipation |
| Eye pain/soreness | Lazy eye | |

Patient Signature: _____

Date: _____

NOTICE OF PRIVACY PRACTICES
BUCKLEY CHANG EYE INSTITUTE

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.

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for such services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations: Your health information may be used to support the day-to-day activities and management of Buckley Chang Eye Institute. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional uses of information

Appointment reminders: Your health information will be used by our staff to send you appointment reminders.

Information about treatments: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information

The right to receive confidential communication concerning your medical condition and treatment

The right to inspect and copy your protected health information

The right to amend or submit corrections to your protected health information

The right to receive an accounting of how and to whom your protected health information has been disclosed

The right to receive a printed copy of this notice

Buckley Chang Eye Institute Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to revise privacy practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to inspect protected health information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting a receptionist or Sherry Hitchner (privacy officer).

Complaints

If you would like to submit a comment, question or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Sherry Hitchner (Privacy Officer)

Buckley Chang Eye Institute

3155 N. Union Boulevard

Colorado Springs, CO 80907

719-444-3000 x 332

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date

This notice is effective on or after April 14, 2003

**Buckley Chang Eye Institute
HIPPA/ Patient Contact Consent**

By my signature, I acknowledge that I have received a copy of the Notice of Privacy Practice from Buckley Chang Eye Institute.

Name of Patient (Please print): _____

Patient's Signature/or Guardian: _____

Relationship of Patient: _____

.....
****In caring for our patients, it may be necessary for Buckley Chang Eye Institute staff to contact you by phone. When we are not available to speak to you directly, we like to leave messages when possible. In order to protect your privacy, it is Buckley Chang Eye Institute's policy to:**

- Not leave messages with anyone except the patient or legal guardian.
- Not leave specific information on an answering machine/voice mail system, unless we have your written permission to do so.

****Please review the information below and consider carefully whom you choose to have access to your medical information such as exams, labs/radiology results, appointments and your insurance or billing information. Please check the applicable ways for us to reach you.**

Consent:

- Home phone or answering machine (detailed message)
- Office phone or office voice mail (detailed Message)
- Spouse (detailed message) Spouses name: _____
- Other (please specify): _____

OR

Denial: I _____ wish to be contacted personally and do not authorize Buckley Chang Eye Institute to leave messages with any other person. Please provide Buckley Chang Eye Institute with a contact phone number: _____

You have the option to change your preferences of how we contact you by completing a new Patient Contact Consent at any time.

**Patient/Guardian Signature is Required
For Consent or Denial**

Date

Buckley Chang Eye Institute Patient Refractive Survey

Thank you for investing your time to learn more about vision correction options at Buckley Chang Eye Institute. To determine which procedure is best for you, we would like to know more about your eyewear history and lifestyle.

Name: _____ Age: _____

1. Which do you currently wear?

- Glasses Progressive glasses Bifocals Reading Glasses Only
 Soft contacts Toric (soft) contacts Extended contacts (sleep in them)
 Rigid Gas Permeable contacts (RGPs)

2. How long have you worn corrective lenses (contacts or glasses)?

3. Why are you interested in having your vision corrected?

4. What questions/concerns do you have about vision correction?

5. What type of work do you do / Occupation? _____

6. How much time do you spend on close up tasks like reading, computers, sewing?

- A Little Moderate A Lot

7. On a scale of 1 to 10, how interested are you in having your vision corrected at this time? (1=Not Interested; 5=Interested, but need more information; 10=Ready to Proceed)

1 2 3 5 6 7 8 9 10

8. Did you receive a copy of our DVD, "Candid Answers About Lasik"? Yes No

Have you had a chance to view the DVD? Yes No

9. If you are considering using one of our affordable payment plans, which one appeals to you the most?

Interest Free for 3, 6, 12, 18 or 24 Months with payments

Lowest Payment Option (2 - 5 year term loans)

10. How were you referred to our office? _____