



Volunteer Physician

Medical Director

Dr. Tim Diegel, M.D.

Interim Executive Director

Robin Goldstone Garcia

Physician Contact:

Olivia Peña, RMA

Clinic Supervisor

Email: oliviap@flec.com

Ph: 239-202-0757 / Fx: 239-947-9996

Website: www.flec.org

Address: 10322 Pennsylvania Ave. Bonita Springs, FL 34135

Welcome

We are inviting you to join our team of volunteers in providing free eye care to needy children and families in Florida.

What to expect:

The Florida Lions Eye Clinic has partnered up with several physicians to provide quality eye care to our patients, whether it is in our Bonita Springs clinic or at the referring physicians practice. As an out of clinic volunteer physician, your practice will receive a referral packet with a letter stating if you would kindly accept the following patient for a pro-bono evaluation. You are welcome to decide on the number of patients you wish to see in your office each month. Your staff should contact the patient to set up their appointment. Once the patient is seen we would appreciate it if the report be faxed back to our office.

Fax: 239-947-9896

Phone: 239-202-0757



Mission:

Our mission is to provide state-of-the-art medical and surgical eye care accessible to underserved individuals in Southwest Florida.

Vision:

Our vision is to improve the quality of life for those who cannot afford eye care by providing exemplary and comprehensive vision care.



History



The Florida Lions Eye Clinic was started because a couple of retired doctors and Lions Club members wanted to help people in the community. They saw a need to help people who didn't have insurance, didn't have high income, and didn't have access to quality eye care. They used their connections from their 30+ years in the optical medical practice to put together a clinic. Over the past seven years we have been working to build the clinic into a working non-profit medical business. We are 100% supported by donations and grants. We are not supported by the Government in any way, but we do have to follow Government Regulations. The clinic would not be able to operate without the help of our volunteer physicians and volunteer staff.

"Seeing is believing!"

-Florida Lions Eye Clinic Staff



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Ave. Bonita Springs, FL 34135

Dear Physicians:

The Florida Lions Eye Clinic is looking for active or retired ophthalmologists who would like to volunteer at our clinic located in Bonita Springs, Florida or in their own office by being our referring physician and seeing our patients on a pro-bono or reduced cost rate. We are looking for physicians who are willing to provide eye exams to children and families without medical insurance and income below 200% of the Federal Poverty Guideline.

For those who would like to work from our clinic, we want to let you know that we are very flexible here as there are opportunities to volunteer in the morning or afternoon, once or twice a month, or as often as you can. The clinic's staff will work with you one month in advance to set your schedule for the following month.

The clinic is well equipped with a fundus camera, Humphrey visual-field analyzer, surgery suite, SPOT and an OCT. Our computer system is intuitive, easy to learn, with drop-downs and fill-ins. The Florida Department of Health provides Sovereign Immunity for malpractice issues to all volunteers. Our clinic staff and volunteers are friendly, well trained, and efficient, and work up the patients for you. There is no need to speak Spanish as our staff, volunteers and patients will assist you with translation and communication.

Helping children and families in dire need of eyecare gives you a sense of fulfillment and an opportunity to give your skills back to the community. Your experience at the clinic will range from patients with delayed pathology or undiagnosed ocular problems that may be different than in your practice. You will see patients with significant problems which if needed can be referred out to specialists for follow-ups, treatments and surgery.

If you are interested in volunteering or have any additional questions, please contact Clinic Supervisor, Olivia I. Peña at 239-202-0757 or email at oliviap@flec.com. We look forward to working with you.

Thank you,

Florida Lions Eye Clinic Staff



Volunteer Health Care Provider Program (VHCPP)

CONTRACT APPLICATION
FLORIDA LIONS EYE CLINIC

(Please complete all areas)

Provider Name: (Please Print) (Last) (First) (Middle) Date:

Mailing Address: (Street) (City) (State) (Zip)

Phone Number: (Area code) E-MAIL:

Occupation: Specialty: FL License Number:

Individual providers applying for a VHCPP contract for sovereign immunity protection that are affiliated with a Professional Association (P.A.), the Florida Department of Health recommends a sovereign immunity contract be established to protect the P.A.

Please indicate if you would like a contract for the P.A. you're affiliated with: YES NO If your PA is already under contract check here and provide the name of the PA.

Complete the following: (please print)

Name of Professional Association: FLORIDA LIONS EYE CLINIC, INC

FEI or Document Number: 45-0560906

(A Federal Employer Identification Number or FEI is a number issued by the Internal Revenue Service (IRS). The FEI number is also called the EIN number)

Name and Title of Corporate Officer/Director and Title with Contract Authority: OLIVIA I. PEÑA, CLINIC SUPERVISOR

Business Address: 10322 PENNSYLVANIA AVE, BONITA SPRINGS FL 34135 (Street) (City) (State) (Zip)

Phone Number: 239-202-0757

Sign and Print: Date:

TO PROTECT CLIENTS, A ROUTINE CHECK OF THE CORPORATION NAME AND PROVIDER'S PROFESSIONAL LICENSE WILL BE MADE THROUGH THE FLORIDA DIVISION OF CORPORATIONS AND THE FLORIDA DOH DIVISION OF MEDICAL QUALITY ASSURANCE.

License/Corporation Verification (For DOH Use Only)

Individual

Current Florida Health Professional License? Yes No License Status "Clear and Active"? Yes No

Corporation

Active Florida Professional Association? Yes No N/A

Verification Completed By: Signature of VHCPP Regional Coordinator Date

Return application form to: Steven Krajewski, email: Steven.Krajewski@flhealth.gov

Volunteer Application – Florida Lions Eye Clinic

Contact Information

Name	
Date of Birth	
Phone Number	
Street Address	
City/State/Zip	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Weekday mornings |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Weekday afternoons |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Saturday | |

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Medical Pretesting
- Fundraising/ Events
- Newsletter production
- Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Tell us about yourself!

Tell us a fun fact about yourself or your favorite hobby. Why do you volunteer? How did you hear about us?

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Person to Notify in Case of Emergency

Name	
Phone Number	
Street Address	
City ST ZIP Code	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Florida Lions Eye Clinic
10322 Pennsylvania Ave.
Bonita Springs, FL 34135
239 498 3937



Confidentiality and Privacy Agreement

Dear Volunteer,

As a volunteer who is in this health care setting and office practice, you have an ethical and legal duty to keep patient information confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) forbids healthcare providers from disclosing protected healthcare information, except upon written authorization by the patient or as otherwise permitted by the law.

Under the HIPAA Security and Privacy Regulations, hospitals and other healthcare providers are required to have the capacity to determine who is accessing their patients' protected healthcare information. Failure to maintain patient confidentiality, accessing patient information without a need to do so for your work, or any other violation of policy, may result in disciplinary action.

I have received and reviewed all information that I was given about patient privacy and confidentiality. I understand there are rules regarding the use and disclosure of patient protected healthcare information, and I agree to abide by such rules and keep protected healthcare information confidential. I recognize that I may be immediately removed from this organization if I do not comply with this confidentiality and privacy agreement.

Date: _____

Print Name: _____

Signature: _____