

# Clearwater Family Eye Care

## *Belinda M. Badorek-Keenan, O.D.*



6539 West Clearwater Avenue, Suite A-140  
Kennewick, WA 99336

Phone: (509)737-2020 ~ Fax: (509)737-1036 ~ Email: [Info@CWFECC.com](mailto:Info@CWFECC.com)

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November 29, 2023

To All Of My Beloved Patients:

It is with extremely mixed emotions, I announce that I will be closing my clinic, Clearwater Family Eye Care, effective December 31, 2023. I will remain available in the clinic to address your needs through January 31, 2024. After this time, you can reach me by email: [DrBelinda2004@gmail.com](mailto:DrBelinda2004@gmail.com). As many of you are aware I was diagnosed with a progressive autoimmune disease. Unfortunately the last 18 months has presented many unforeseen challenges and health issues. These circumstances have taken a severe toll on my health & family. At this time, I am not able to work to the capacity in which we all have been acclimated. Due to these unforeseen health issues, the personal needs of my family, and my Mother entering Hospice, I have made the decision to retire.

I am hopeful this opportunity will allow me to better navigate my health issues and to serve my family with the greatest of love and devotion. What all of this has taught me is that we cannot get back time! First, I would like to share my profound gratitude for permitting me the honor & privilege to be your Eye Care Provider and friend. There simply are not enough words to truly convey my thankfulness for this opportunity. It is something I have always held dear in my heart! Over the last 26 years I been gifted the extreme pleasure of our doctor/patient relationships and friendships! These aspects of the job are among what I will miss most. I will miss each of you!

Having the opportunity to be your Eye Doctor has filled the lifetime of my career with great satisfaction, challenge, love, joy, and happiness. It has been an incredible honor and a blessing to serve you and your families! For many of you I have had the pleasure to watch throughout the years as you, your families, children, grand-children, and great-grandchildren have grown. In turn, many of you have shared the unfolding of my life, career, marriage, birth and growth of my children! Thank you so very much for allowing us to be a part of your lives! Thank You for entrusting your care to me! It has truly been an experience of a lifetime!

I will be available to provide full time medical care to you until December 31, 2023. During the month of January 2024 our office will remain open for limited hours. This time will permit the completion of patient care, acquisition of your patient records, refilling of prescriptions and/or addressing any personal concerns you may have. As the next two months unfold, you will need to secure a new Eye Care Provider to ensure your ongoing, continuous, and routine eye care. Please do not wait until the last moment to accomplish this endeavor.

*Again Please Do Not Miss Your Follow Up Appointments as you have been advised, scheduled and/or planned. For your convenience I have attached a listing of the local Optometrists/ Ophthalmologists in our area. You will need to select an Eye Care Provider and make certain you maintain your scheduled appointments with your new provider. For additional options you may confer with the local Yellow Pages. I also encourage you to check with your Insurance Company to determine if you must select from a preferred provider network.*

Note all patient medical records are confidential and protected by Washington State and Federal privacy and security regulations. To have your personal {spouse or dependent children's} records and/or prescriptions released or transferred to another clinic, you must complete a RELEASE OF RECORDS AUTHORIZATION. I have attached a copy of the RELEASE OF RECORDS AUTHORIZATION. **Once the RELEASE OF RECORDS AUTHORIZATION is completed a few options are available: 1. Submit your RELEASE OF RECORDS AUTHORIZATION to our clinic and pick up your records within 10 business days. 2. Submit your RELEASE OF RECORDS AUTHORIZATION and have us forward a copy of your records to your new Eye Care Provider within business 10 days.**

You can submit your records request by Fax (509)737-1045, Email: [Info@CWFECC.com](mailto:Info@CWFECC.com) or drop it by our clinic. After January 31, 2024 you may submit your RELEASE OF RECORDS AUTHORIZATION to me via email at [drbelinda2004@gmail.com](mailto:drbelinda2004@gmail.com). Fees will only be assessed for record duplication. Please note we can **ONLY RELEASE YOUR PERSONAL RECORDS TO YOU OR TO A LEGAL GUARDIAN** (if applicable) unless you have designated another individual on your HIPAA Release form. If you would like someone other than yourself to pick up your records you must provide written authorization to do so. A copy of this letter, Release of Records Authorization, and Local Eye Doctor Listing is available on our Website ([www.CWFECC.com](http://www.CWFECC.com)). On our CWFECC Website, look under the TOP BURGANDY HEADING "**PATIENT FORMS**" for additional forms and/or information.

I will continue to provide ongoing medication prescription refills for the next 90 days (through February 29, 2024). Past this interim, you must secure care from your new Eye Doctor for medication refills. Your eye glasses and/or contact lens prescription(s) expire 1-2 years from the date of your examination pending your individual criteria noted during your examination.

I certainly apologize for any inconvenience this circumstance has created. Again I hope to make this transition as smooth as possible. If you need any assistance, please let me know. You may contact me by my personal email ([drbelinda2004@gmail.com](mailto:drbelinda2004@gmail.com)) or reach out to me at the clinic (509)737-2020. ***Again thank you for being a part of my family....The Clearwater Family Eye Care Family!*** I wish you all a lifetime of happiness, wonderful health and great eye sight!

My Very Best Regards! Happy Holidays!

***Belinda M. Badorek-Keenan, O.D.***



Kennewick Washington Eye Care	Pasco Washington Eye Care	Richland Washington Eye Care	Walla Walla Washington Eye Care
<b>Aaron Banta, O.D.</b> Center Vision Clinic 8127 W Grandridge Blvd Ste 110 Kennewick, WA 99336 509-783-8383	<b>Kendal Piatt, O.D.</b> Grand Ridge Eye Clinic of West Pasco 6115 Burden Blvd Ste D Pasco, WA 99301 509-736-0710	<b>Devin Harrison, M.D.</b> Columbia River Eye Center 475 Bradley Boulevard Richland, WA 99352 509-943-2240	<b>Bradley Nielson, O.D.</b> Nielson Eye Care 2316 Eastgate St Ste 170 Walla Walla, WA 99362 509-529-7371
<b>Aaron Qunell, O.D.</b> Center Vision Clinic 8127 W Grandridge Blvd Ste 110 Kennewick, WA 99336 509-783-8383	<b>Laura Winkel, O.D.</b> Grand Ridge Eye Clinic of West Pasco 6115 Burden Blvd Ste D Pasco, WA 99301 509-736-0710	<b>Andrew Chen, M.D.</b> Columbia River Eye Center 475 Bradley Boulevard Richland, WA 99352 509-943-2240	<b>Judy Quach, O.D.</b> Nielson Eye Care 2316 Eastgate St Ste 170 Walla Walla, WA 99362 509-529-7371
<b>Eugene Cheung, O.D.</b> Center Vision Clinic 8127 W Grandridge Blvd Ste 110 Kennewick, WA 99336 509-783-8383	<b>Nicholas Gubler, O.D.</b> Mid-Columbia Eyecare Center 4403 W Court St Ste J Pasco, WA 99301 509-547-9695	<b>Cherly Lee, M.D.</b> Columbia River Eye Center 475 Bradley Boulevard Richland, WA 99352 509-943-2240	<b>Daniel Brauner, O.D.</b> Trinity Vision Center 2200 Melrose St Ste 7A Walla Walla, WA 99362 509-260-3500
<b>Donald Travis, O.D.</b> Columbia Crest Eye Care 7301 W Deschutes Ave Ste B Kennewick, WA 99336 509-735-2020	<b>Daniel Perdue, O.D.</b> Mid-Columbia Eyecare Center 4403 W Court St Ste J Pasco, WA 99301 509-547-9695	<b>Karen Heaston Helms, O.D.</b> Heaston & Thompson Vision Clinic 1321 Aaron Dr Richland, WA 99352 509-943-3171	<b>Jeremy Beam, O.D.</b> Valley Vision Clinic 22 W Main St Walla Walla, WA 99362 509-529-2020
<b>Seth Bruinsma, O.D.</b> Costco 8505A W Gage Blvd Kennewick, WA 99336 509-737-8868	<b>Amanda Lang, O.D.</b> Tri-Cities Community Health Clinic 515 W Court St Pasco, WA 99301 509-547-2204	<b>Elizabeth Heaston Thompson, O.D.</b> Heaston & Thompson Vision Clinic 1321 Aaron Dr Richland, WA 99352 509-943-3171	<b>Chad Burton, O.D.</b> Valley Vision Clinic 22 W Main St Walla Walla, WA 99362 509-529-2020
<b>Jared Christensen, O.D.</b> Costco 8505A W Gage Blvd Kennewick, WA 99336 509-737-8868	<b>Brendt Park, O.D.</b> Walmart Vision Center 4820 N Road 68 Pasco, WA 99301 509-543-7953	<b>Daniel Plesha, O.D.</b> Heaston & Thompson Vision Clinic 1321 Aaron Dr Richland, WA 99352 509-943-3171	<b>Justin Dalke, O.D.</b> Valley Vision Clinic 22 W Main St Walla Walla, WA 99362 509-529-2020
<b>Judy Quach, O.D.</b> Costco 8505A W Gage Blvd Kennewick, WA 99336 509-737-8868	<b>James Worley, O.D.</b> Walmart Vision Center 4820 N Road 68 Pasco, WA 99301 509-543-7953	<b>Trent Thompson, O.D.</b> Heaston & Thompson Vision Clinic 1321 Aaron Dr Richland, WA 99352 509-943-3171	<b>Angela Ferguson, O.D.</b> Valley Vision Clinic 22 W Main St Walla Walla, WA 99362 509-529-2020
<b>Maureen Fahey, O.D.</b> Desert Valley Eye Care 8503 W Clearwater Ave Ste A Kennewick, WA 99336 509-735-2050	<b>Brandon Call, O.D.</b> West Pasco Eye Care 7001 Burden Blvd Pasco, WA 99301 509-543-9898	<b>Jason Hair, O.D.</b> Tri-City Eyes 2170 Keene Rd Richland, WA 99352 509-402-2399	<b>Hoai Le, O.D.</b> Valley Vision Clinic 22 W Main St Walla Walla, WA 99362 509-529-2020
<b>Jana Mounts, O.D.</b> Desert Valley Eye Care 8503 W Clearwater Ave Ste A Kennewick, WA 99336 509-735-2050	<b>Aric Robertson, O.D.</b> West Pasco Eye Care 7001 Burden Blvd Pasco, WA 99301 509-543-9898	<b>Toni Hoitink, O.D.</b> Walmart Vision Center 2801 Duportall St Richland, WA 99352 509-628-0030	<b>Luther Ness, O.D.</b> Valley Vision Clinic 22 W Main St Walla Walla, WA 99362 509-529-2020
<b>Alan Homestead, O.D.</b> Grand Ridge Eye Clinic 7131 W Deschutes Ave Ste 101 Kennewick, WA 99336 509-736-0710	<b>Jonathan Walker, O.D.</b> West Pasco Eye Care 7001 Burden Blvd Pasco, WA 99301 509-543-9898	<b>Nathan Owen, O.D.</b> Walmart Vision Center 2801 Duportall St Richland, WA 99352 509-628-0030	<b>Rosanne Schneller, O.D.</b> Vision Source Walla Walla 614 E Alder St Ste 1 Walla Walla, WA 99362 509-529-9660
<b>Kendal Piatt, O.D.</b> Grand Ridge Eye Clinic 7131 W Deschutes Ave Ste 101 Kennewick, WA 99336 509-736-0710		<b>Chris Johnson, O.D.</b> Eyecare Associates of West Richland 4476 W. Van Glesen St West Richland, WA 99353 509-967-1503	<b>Daniel Wiessner</b> Vision Source Walla Walla 614 E Alder St Ste 1 Walla Walla, WA 99362 509-529-9660
<b>Laura Winkel, O.D.</b> Grand Ridge Eye Clinic 7131 W Deschutes Ave Ste 101 Kennewick, WA 99336 509-736-0710		<b>Corey Hansen, O.D.</b> Eyecare Associates of West Richland 4476 W. Van Glesen St West Richland, WA 99353 509-967-1503	<b>Harry Wiessner, O.D.</b> Vision Source Walla Walla 614 E Alder St Ste 1 Walla Walla, WA 99362 509-529-9660
<b>Kevin Ayers, O.D.</b> Kennewick Vision Care 3700 W Clearwater Ave Kennewick, WA 99336 509-735-1312			
<b>James Kintner, O.D.</b> Kennewick Vision Care 3700 W Clearwater Ave Kennewick, WA 99336 509-735-1312			
<b>Janis Beck, O.D.</b> Precision Eye Doctors 1220 N Columbia Center Blvd Ste H Kennewick, WA 99336 509-591-9020			



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**Kennewick, WA 99336**

**Telephone (509)737-2020 Fax (509)737-1036 Email: Info@CWFECC.com**

**After January 31, 2024 Submit Release Requests to DrBelinda2004@gmail.com**

## **AUTHORIZATION TO RELEASE MEDICAL RECORDS**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Cell Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

### **Authorization to Transfer my Records from Clearwater Family Eye Care To:**

*I request Clearwater Family Eye Care To Transfer My Health Care Information To The Following Eye Clinic:*

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### *I am requesting release of the following records:*

- |   |   |
|---|---|
| <input type="checkbox"/> All Clinical Records         | <input type="checkbox"/> Clinical Records only related to _____ |
| <input type="checkbox"/> Current Glasses Prescription | <input type="checkbox"/> Current Contact Lens Prescription      |
| <input type="checkbox"/> Current Glasses Prescription | <input type="checkbox"/> Retinal Imaging                        |
| <input type="checkbox"/> Fundus Photographs           | <input type="checkbox"/> Visual Fields                          |

*This authorization is limited to the following dates: From: \_\_\_\_\_ To: \_\_\_\_\_*

*I give my authorization to use or disclose information regarding testing, diagnosis and treatment for:  
(disclose pertinent information only as indicated):*

- |  |   |
|--|---|
| <input type="checkbox"/> HIV (AIDS)          | <input type="checkbox"/> Sexually Transmitted Diseases        |
| <input type="checkbox"/> Drug or Alcohol Use | <input type="checkbox"/> Psychiatric/ Mental Health Disorders |

*I will pick up my records in 10 business days after authorizing my request from the Clinic.*

*I would like my records faxed to the clinic location designated above.*

*I have designated and granted permission for another individual other than myself to pick up my records at the Clearwater Family Eye Care Clinic. This name of this individual is \_\_\_\_\_ and their relationship to me is \_\_\_\_\_.*

This authorization may be revoked at any time. If revoked, no actions already taken by Clearwater Family Eye Care, based upon this authorization will be affected. I understand that once my protected health information is disclosed, the entity which receives it may re-disclose it, and privacy laws may no longer protect it. Unless the revoked earlier this authorization will expire 90 days after the date it is signed for shall remain in effect for the period reasonably needed to complete the request. In accordance with Washington State and United States Federal Laws & Regulations (WAC 246-08-400, RCW 70.02.005-70.02.905), research, handling, and processing fees may apply. In accordance within these same regulations, 15 business days must be permitted to complete your requests.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date