

Eye Physicians and Surgeons, PC

Patient's name: _____ Date: _____

Date of birth: _____

Patient Acknowledgment of Notice of Privacy Practices

I understand that the patient's health information is private and confidential. I understand that Eye Physicians & Surgeons, PC works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information. Eye Physicians & Surgeons, PC may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. Eye Physicians & Surgeons, PC has a detailed document called the "Notice of Privacy Practices." It contains more information about the policies and practices protecting the patient's privacy and is attached to this Acknowledgment. I understand that I have the right to read the "Notice" before signing this Acknowledgment.

I give Eye Physicians & Surgeons, PC permission to discuss my health information with the following individual(s):

Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

May we contact in case of emergency? Yes ___ No ___

My signature below indicates that I have been given the chance to review a current copy of Eye Physicians & Surgeons, PC's "Notice of Privacy Practices" and gives permission to discuss my health information with individual(s) listed above.

Signature of Patient (or parent/guardian if a minor)

Date

PHARMACY INFORMATION

(Information is necessary for new and refill prescriptions in order to electronically send to your pharmacy)

Name of Pharmacy (e.g. CVS, Walgreens, Wal-Mart, etc.)

Pharmacy Phone Number

Street address

City

State

Zip

(If you do not know the exact address of your pharmacy, please provide street name and city. With this information, we can locate your pharmacy by their phone number.)