



SOUTHERN EYE SPECIALISTS

Excellence in eye care.

Chart: _____

By law, we are required to provide you with our Notice of Privacy Practices (NPP). The Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information. As a patient, you have the following rights:

- 1) The right to inspect and copy your information
- 2) The right to request corrections to your information
- 3) The right to request that your information be restricted
- 4) The right to request confidential communication
- 5) The right to a report of disclosures of your information
- 6) The right to a paper copy of the Notice

We want to assure you that your medical health information is secure with us. The notice contains information about how we will insure that your information remains private. If you have any questions about the notice, please call Southern Eye Specialists at 334-699-7100.

I hereby acknowledge that I have received a copy of this practice's **Notice of Privacy Practices**. I understand that if I have questions or complaints that I may contact the practice and I further understand that the practice will offer me updates to this policy should it be amended, modified or changed in any way.

In Addition, I designate the following persons to be able to speak with staff at Southern Eye Specialists on my behalf about my medical condition or the status of my account. I release Southern Eye Specialists and all staff from any claim of confidentiality in connection with the release of this information.

Names of Designated Legal Representatives: Please Print Name(s) _____

Patient Name (Print)

Patient or Representative Signature

_____ **Date**

