

Acknowledgment of Notice of Privacy Practices

Coast Eyecare, PLLC
205 E. 2nd Street Pass Christian MS 39571 Pass Christian MS 39571
228-452-0830

The law requires that Coast Eyecare, PLLC make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I was given the opportunity to read, have read or had explained to me Coast Eyecare, PLLC's Notice of Privacy Practice prior to any services offered

The Notice of Privacy Practice could not be read due to the emergent nature of the care and will be acquired when possible

I authorize Coast Eyecare, PLLC to release my personal health information to the following individuals:

My vision plan requests that all diagnoses related to any medical condition I may have be released to them. As a non-traditional disclosure, release of this information requires my specific authorization:

I authorize the release of medical information to my vision plan

I do not authorize release of medical information to my vision plan

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Signature

Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative Signature

Relationship to Patient