

### Privacy Practices Acknowledgement

By signing this form, you acknowledge that you have been informed that Carolina Specialty Eye Surgery provides information about how we may use and disclose your Protected Health Information (PHI). We encourage you to read the "Notice of Privacy Practices" posted in our lobby. If you would like a paper copy, please ask the receptionist.

Carolina Specialty Eye Surgery may use the following methods of communication regarding information related to my personal health, treatment or payment for treatment. I acknowledge I am responsible for updating this information as necessary. This request supersedes any prior request for methods of communication I may have made.

- Contact me by phone at home \_\_\_\_\_
- Work \_\_\_\_\_  Cell \_\_\_\_\_
- CSES may leave a message on my voice mail/answering machine
- CSES may speak to anyone who answers the phone
- CSES may only speak to \_\_\_\_\_

Questions or concerns about our Privacy Notice or Practices should be directed to the Privacy Officer at (864)606-5080.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient/Parent/Conservator/Guardian) (Mo/Day/Yr)

**Inability to obtain acknowledgement:** *To be completed only if no signature is obtained:*

- Patient lacks the ability to understand the Notice of Privacy Practices
- Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Provider Representative) (Mo/Day/Yr)

Patient Acct # \_\_\_\_\_