



THE EYE CENTER

AT SOUTHERN COLLEGE OF OPTOMETRY

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I understand and acknowledge that in an attempt to protect the privacy of my identifiable health information, The Eye Center at Southern College of Optometry has established a *Notice of Privacy Practices*. This information details the use and disclosure of information contained in my personal medical records kept for the purposes of diagnosis, treatment, payment and health care operations. In accordance with HIPAA Regulations, a copy of the The Eye Center at Southern College of Optometry's *Notice of Privacy Practices* has been made available to me while in the facility today. Should I choose to have a personal copy, one will be given to me at no charge. You can access this document at www.tec.sco.edu/patients/documents/GC-120A_notice_of_privacy_practices.pdf

Patient Signature, if not a minor

Date

If patient is a minor, parent/legal guardian sign here

Date

If patient is a minor, agent for the Legal Custodian

Date