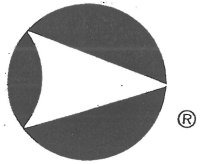


## PATIENT CONTACT INFORMATION SHEET

Retina Specialists  
of North Alabama, LLC



Patient Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Any physician, staff, employee or representative of Retina Specialists of North Alabama, LLC has my permission to **discuss** my account and medical conditions which may include symptoms, treatments, diagnosis, test results, medications or any other type of protected health information with the following persons in order to facilitate and coordinate my care, treatment and payment.

_____ Name	_____ Relationship	_____ Phone Number(s)
_____ Name	_____ Relationship	_____ Phone Number(s)
_____ Name	_____ Relationship	_____ Phone Number(s)
_____ Name	_____ Relationship	_____ Phone Number(s)

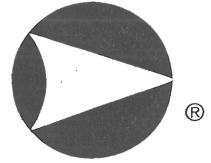
I understand that authorizing the release of my information to the above individual(s) is voluntary and does not affect my access to treatment. I can refuse to sign this form. I can revoke it by writing to Retina Specialists of North Alabama, LLC or completing a new form at any time. This authorization will remain in effect until I change or revoke it. I understand that if information is shared with the above individuals it may be subject to redisclosure by the individual(s).

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

**Retina Specialists  
of North Alabama, LLC**



I acknowledge receipt of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient / Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient / Personal Representative

If Personal Representative, relationship to patient: \_\_\_\_\_

**For Office Use Only**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_