



Patient Acknowledgment And Consent

I have been given a copy of Eye Partners, P.C. D/B/A Eye Center South's Notice of Privacy Practices, version effective March 6, 2013. I consent to the uses and disclosures of my health information as outlined in the Notice.

Signature of Patient

Date

Printed Name of Patient

Signature of Parent or
Legal Guardian/Representative

Medical Record Number

Printed Name of Parent or
Legal Guardian/Representative