

Privacy Policy

In order to ensure compliance with the Health Care Information Portability and Accessibility Act of 1996 (HIPAA), this practice has established a privacy policy to provide for the security of your medical records. Following is a summary of the contents of the Privacy Policy of this practice:

All patient records shall be stored in a closed filing system with access restricted to qualified personnel.

NO patient information shall be shared with another health care provider without the patient's written, signed consent with the exception of a medical emergency where the patient's life may be compromised without said information.

NO patient information, including but not limited to medical information, demographic information, lifestyle information, and financial information shall be released for the purpose of marketing outside of this practice.

This practice may send appointment reminders to help the patient preserve both their ocular and general health. If you do not wish to receive these appointment reminders, please notify one of our staff members.

Any and all computer terminals containing patient information are secured by password protection with only qualified staff possessing a password to access the computer systems.

If you have any questions or concerns about your privacy and your medical records, please do not hesitate to ask the doctor. A complete copy of this office's Privacy Policy is available to you for review at no cost at any time.

***I acknowledge that I have received the Payment and Notice of Privacy Practices for
iCare EyeCare***

Signature: _____ Date: _____
(Patient Signature, Parent or Guardian if the patient is a minor)

Medical Records, Forms and Prescriptions

Requests for medical records must be received via fax (205) 328-1744, by mail or email (morrisaveeyecare@bellsouth.net). The fee for records is \$50.00. Records will be released if the account has a zero balance. **Any balance due from the patient must be received before medical records are released.**

Medical forms, driver's license forms and school forms will be completed and released if the account has a zero balance. **Any balance due from the patient must be received before medial forms are completed.**

Prescription will be completed, released and refilled if the account has a zero balance. **Any balance due from the patient must be received before prescriptions are released and or refills approved.**

_____ I understand the above paragraphs and agree to the terms and conditions.

Signature: _____ Date: _____
(Patient Signature, Parent or Guardian if the patient is a minor)