



The Eye Center, PA
1655 Bernardin Avenue Suite 100 Columbia, SC 29204
Phone 803-256-0641 Fax 803-779-3649

Notice of Privacy Practices Acknowledgement

I have received a Notice of Privacy Practices.

Patient Signature/Legal Guardian

Date

Electronic Communications

In order for us to service your account, primarily for appointment reminders and billing/collection efforts, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages, and/or use of an automatic dialing system, as applicable.

I have read this disclosure and agree that The Eye Center, P.A. or their representatives, may contact me as described above.

Patient Signature/Legal Guardian

Date

Consent to Access Pharmacy Information Electronically for Medical Treatment

The Eye Center, P.A. currently participates in the **DrFirst** electronic prescription service. This program allows for the electronic prescribing of medications, which provides a convenience to both patients and physicians, and also reduces medication errors. In addition, this service allows for the electronic **receiving** of information such as the names and dosages of prescriptions filled at participating pharmacies. This allows us to reduce errors in medication entries into your medical record, and provides the physician with your up-to-date medication profile.

My signature below signifies that I have read and understand that I am authorizing The Eye Center's staff to access my protected health Information (PHI) through the **DrFirst** electronic prescription service for the purpose of updating my medical record prescription information. Additionally, I understand that this permission may be revoked at any time.

Patient Signature/Legal Guardian

Date