

RETINA & MACULA CONSULTANTS, P.A.

Charles M. Gremillion, MD

Board Certified, Fellowship Trained Retina Specialist

PRIVACY PRACTICES ACKNOWLEDGEMENT

DATE _____

I have received the Notice of Privacy Practices brochure and I have been provided an opportunity to review it.

Printed Name _____ Birth date _____

Signature _____

I hereby grant permission to Retina and Macula Consultants, PA (Charles M. Gremillion, M.D.) to speak to my adult children or caregiver(s) about my condition and treatment.

Please list names of approved contacts below:

Name _____ Relationship _____

Name: _____ Relationship _____

Name _____ Relationship _____

I hereby grant permission to Retina and Macula Consultants, PA (Charles M. Gremillion, M.D.) to leave messages on my home answering machine or cell phone service in regards to appointments. Please circle: YES NO Your initials _____