



Dr. Heather Sohrabi
921 N. Washington St.
Tullahoma, TN 37388
931-455-5554

Acknowledgement of Privacy Policy and Practices

I understand that in an attempt to protect the privacy of my identifiable health information, Dr. Sohrabi has established guidelines for privacy policies and practices. This information details the use and/or disclosure of information contained in my personal medical/optometric records kept for the purposes of diagnosis, treatment, payment, and health care operations.

My signature below states that I have read, received, or been offered a copy of Excel Eyecare's Notice of Privacy Practices.

Name: _____ Date of birth: _____
(Please Print)

Signature: _____

As a personal representative, I have the authority to act for the individual because I am the individual's _____.

***Should you choose, you may consent for this office to disclose information about you (or another person for whom you have the authority to sign for) that is protected under federal law to the specified person(s) listed below**

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

With my consent, Excel Eyecare, may call my home and leave a message on my answering machine or with the above listed person(s) in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, insurance items and any call pertaining to my care and Excel Eyecare.

Please initial approved numbers to leave a message on your voicemail or with the person that answers.

Cell Phone

Home Phone

Work Phone