

**Hattiesburg Eye Clinic, P.A.**  
**Hattiesburg Eye Clinic Cataract & Lasik Surgery Center, LLC**

**AUDIO / VIDEO RECORDING POLICY:**

I understand that Hattiesburg Eye Clinic, P.A. and Hattiesburg Eye Clinic Cataract & Lasik Surgery Center, LLC, are required by state and federal law to maintain the confidentiality, privacy, and security of medical information. To comply with these requirements, Hattiesburg Eye Clinic, P.A. and Hattiesburg Eye Clinic Cataract & Lasik Surgery Center, LLC, do not allow patients or other individuals to make any audio or video recordings while at the clinic. I understand and agree to abide by this policy. I agree not to make, or allow others accompanying me during my visit to make, any audio or video recordings in any form while at the clinic, including any recordings of my interactions with the treating physician or other healthcare personnel of Hattiesburg Eye Clinic, P.A. and Hattiesburg Eye Clinic Cataract & Lasik Surgery Center, LLC. I further understand that if I require some accommodation to understand any information provided to me during my visit, that I should inform my treating physician or other healthcare personnel, and that Hattiesburg Eye Clinic, P.A. and Hattiesburg Eye Clinic Cataract & Lasik Surgery Center, LLC, will provide a reasonable accommodation to ensure that I am adequately informed.

\_\_\_\_\_  
Signature of the Patient or Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account #