



ACKNOWLEDGMENT OF CONSENTS, RELEASES, AND AGREEMENTS

Patient Name (please print) _____	Date of Birth _____
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Notice of Uses and Disclosures of Protected Health Information

I acknowledge that in order for Combs Plastic Surgery and Aesthetics (CPSA) to deliver the best service it may be necessary to use and disclose health information about me and that I have the right to receive and review a written description of my protected health information (Notice of Privacy Practices).

I understand the Notice of Privacy Practices describes the types of uses and disclosures of my protected health information as well as my individual rights and the duties of CPSA that may occur in my treatment, payment of bills, insurance matters, or in the performance of health care operations of CPSA. This health care information, created or received by CPSA may be in the form of written or spoken words, electronic or paper records, may include information related to your past and present medical history, treatments or services.

I am aware the CPSA reserves the right to update or revise the Notice of Privacy Practices from time to time, and that I am entitled to obtain a copy of any revisions by asking CPSA to send a copy in the mail or by requesting one at the time of my next appointment.

By signing below, I agree that I have reviewed and understand the information above.

Date: _____
Patient Signature: _____
(Patient representative) _____ (Representative's Authority) _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO FAMILY MEMBERS

I understand that certain information cannot be released without specific authorization. I authorize the release of the initialed information below. **I do NOT authorize the release of the blank spaces below:**

- | | | |
|-------------------------------------|------------------------------|--|
| _____ Surgery and home instructions | _____ Scheduled appointments | _____ Treatments (fillers, Botox, peels) |
| _____ Insurance matters/billing | _____ Payment for services | |

I authorize the CPSA to discuss my information related to the initialed services with:

_____ Name/Relationship	_____ Name/Relationship
_____ Name/Relationship	_____ Name/Relationship