Patient Acknowledgement of Disclosure Information

Patient name: _____ Date: _____

I acknowledge the following:
(Please initial below)
_____ I have received a copy and I am aware of the **Patient Bill of Rights**; as required by law and have had an opportunity to receive assistance in understanding and exercising these rights
_____ I have received a copy and I am aware of this office's **Notice of Privacy Practices**, including the **Private Health Information (PHI)** designated at the time of the visit.
_____ I have received information on and I am aware of the **Infection Control** measures utilized by this organization.
_____ I have received a copy and I am aware of the **Practice Disclosure (about our practice, including the grievance process)** and am comfortable with that information. I also understand this practice's position on **Do Not Resuscitate(DNR) and Living Wills** and that this practice does not honor directives.

Patient Consent for Use and Disclosure of Protected Health Information

(Please Initial All Below)
_____ I hereby give my consent for The Plastic & Cosmetic Center to use and disclose protected health information about me to carry out treatment, payment, and health care operations (TPO.)
_____ I hereby give my consent for The Plastic & Cosmetic Center to call my home or other alternative numbers provided by myself to leave a message or voicemail in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.
_____ I hereby give my consent for The Plastic & Cosmetic Center to mail to my home or other alternative locations provided by myself any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.
_____ I hereby give my consent for The Plastic & Cosmetic Center to e-mail my home or other alternative email addresses provided by myself any items that assist the practice in carrying out TPO, such as appointment reminders and patients statements.
_____ I hereby give my consent for all healthcare professionals at The Plastic & Cosmetic Center, including doctors, nurses and technicians, to access my demographic information for the purpose of providing care.
_____ I hereby give my consent for The Plastic & Cosmetic Center to disclose protected health information about me if I dispute any monetary issues I may have whether it be with a credit card company, bank or any financial institution.

Patient Signature: _____ Date: _____

Above signature was not obtained because:
_____ Patient is unable and unaccompanied by a representative. Patient left with all pertinent disclosures.
_____ Patient refused to sign.
_____ Patient refused forms.