

Patient HIPPA Consent Form

Robinson Facial Plastic Surgery

24541 Pacific Park Dr. #103 Aliso Viejo, Ca. 92656 (949) 831-5900

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to carry out treatment, payment and healthcare operations. I have been provided with the privacy notice and may request a copy.

I have been informed by you of your Notice of Privacy and have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

With my consent, Robinson Facial Plastic Surgery may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice at the following number _____, appointment reminders, insurance issues, and any call pertaining to my clinical care, including but not limited to laboratory results. With my consent Robinson Facial Plastic Surgery may email information to me at the following email address_____.

With my consent, Robinson Facial Plastic Surgery may mail information about special promotions events discounts, or the announcement of new cosmetic treatments or products that I may find of interest. The mailing may be in letter form, newsletter, or postcard.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Robinson Facial Plastic Surgery may decline to provide treatment to me.

Signature of Patient/Guardian

Date

Patient's Name

Updated 1-11 MR