PISARSKI MD
GULF COAST PLASTIC SURGERY

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that as part of my health care, Gulf Coast Plastic Surgery originates, records, and maintains health information about me describing my health history, symptoms, examination and test results, diagnosis, treatment, and plans for future care or treatment. I understand that this health information may be used and disclosed by Gulf Coast Plastic Surgery for treatment, payment, and health care operations. For example, my health information serves as:

- a basis for planning my care and treatment.
- a means of communication among the many health professionals who contribute to my care;
- a source of information for applying my diagnosis and surgical information to my bill;
- a means by which a third-party payor can verify that services billed were actually provided; and
- a tool or routine health care operations, such as assessing quality and reviewing the competence of health care professionals.

______ (***please initial***). I understand I have the right to request restrictions as to how my health information may be disclosed to carry out treatment, payment, or health care operations. Gulf Coast Plastic Surgery is not required to agree to the restrictions as requested, but if it does, it is bound by such restrictions.

______ (***please initial***). I understand that I may revoke this consent in writing, except to the extent that Gulf Coast Plastic Surgery has already taken action in reliance thereon.

______ (***please initial***). By signing this form, I consent to Gulf Coast Plastic Surgery use and disclosure of my health information for treatment, payment, and health care operations.

______ (***please initial***). I acknowledge that I have been provided with Gulf Coast Plastic Surgery Notice of Privacy Practices that provides me a more complete description of information uses and disclosures. I understand that I have the right to review the Notice of Privacy Practices prior to signing this consent. I understand that Gulf Coast Plastic Surgery reserves the right to change its Notice of Privacy Practices and a revised copy will be given to me at my next visit at Gulf Coast Plastic Surgery.

______ (***please initial***). I acknowledge that if there are any financial matters of dispute after my treatment/procedure, that I waive the right to privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines.

CONSENT TO EMAIL/TEXT FOR APPOINTMENT REMINDERS AND OTHER COMMUNICATIONS:

Patients in our practice may be contacted via email and/or text messaging. This is to remind you of an appointment, to obtain feedback on your experience, and to provide general health reminders/information.

______ ***(please initial)*** I consent to receive text messages from the practice to my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. Text messaging is not secure and could be viewed by third parties. I understand that this request to receive emails and text messages will apply to all future correspondence unless I request a change in writing.

CONSENT TO PHOTOGRAPH/VIDEO PROCEDURE:

______ ***(please initial)*** I consent Gulf Coast Plastic Surgery permission to take photographs/video of my procedure to publish those photographs/video for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also waive any rights of compensation associated with the use of my image for commercial purposes outlined above.

If at any time you would like to opt out of either of the above services, please make a personal request to the practice and you will be opted out of the service within 48 hours.

RECEIPT OF FINANCIAL POLICIES

______ (***please initial***). I acknowledge that I have received and read a copy of Gulf Coast Plastic Surgery financial policies.

Patient Name (please print)	Signature of Patient / or Legal Guardian	Date