

Hickory Plastic Surgery Center

Consent for Purposes of Treatment, Payment and Health Operations

I consent to the use or disclosure of my protected health information by Hickory Plastic Surgery Center for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Hickory Plastic Surgery Center.

I understand that diagnosis or treatment of me by Dr. Fewell or Dr. Siciliano may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Hickory Plastic Surgery Center is not required to agree to the restrictions that I may request. However, if Hickory Plastic Surgery Center agrees to a restriction that I request, the restriction is binding on Hickory Plastic Surgery Center, Dr. Fewell or Dr. Siciliano.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Fewell or Dr. Siciliano or Hickory Plastic Surgery Center has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Hickory Plastic Surgery Center's Notice of Privacy Practices prior to signing this document.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Hickory Plastic Surgery Center.

The Notice of Privacy Practices for Hickory Plastic Surgery Center is posted in the hall at Hickory Plastic Surgery Center and also available by request in written form.

This Notice of Privacy Practices for Hickory Plastic Surgery Center also describes my rights and the duties of Dr. Fewell and Dr. Siciliano with respect to my protected health information.

Hickory Plastic Surgery Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of patient or Personal Representative

Name of Patient or Personal Representative

Date