

**PATIENT CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

With my consent, South Shore Cosmetic Surgeons, may use and disclose protected health information (PHI) about me\ to carry out treatment, payment and healthcare operations (TPO).

I understand that this 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 payer can verify that services billed were actually provided, and
- A tool for routine healthcare operation such as assessing quality and reviewing the competence of healthcare professionals.

Please refer to South Shore Cosmetic Surgeons Notice of Privacy Practices for a more complete description of such uses and disclosures. I have a right to review the Notice of Privacy Practices prior to signing this consent and my signature indicates I have reviewed it or I have declined to review it prior to signing.

South Shore Cosmetic Surgeons reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to South Shore Cosmetic Surgeons, 36 Lincoln Avenue, Rockville Centre, NY 11570.

With my consent, South Shore Cosmetic Surgeons may call my home or other designated locations and leave a message on voice mail or in person 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 results among others. With my consent, South Shore Cosmetic Surgeons may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment cards and patient statements.

I have the right to request that South Shore Cosmetic Surgeons restrict how it uses or discloses my PHI to carry TPO. However, the practice is not required to agree to my requested restrictions, but if it does, in writing, it is bound by this agreement.

By signing this form, I am consenting to South Shore Cosmetic Surgeons use and disclosure of my PHI to carry out TPO. 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, South Shore Cosmetic Surgeons may decline to provide treatment to me.

Contained in my consent for treatment I have agreed to allow South Shore Cosmetic Surgeons to use my pre and post treatment photographs within its educational lectures so long as I am not identified by name within these presentations.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian

Date