

The Center for Cosmetic Surgery & Rejuvenate!

Andrew J. Wolfe, MD, Steven D. Vath, MD, Paul M. Steinwald, MD, Medical Directors

Appointment Reminders

Initials

The practice may use your information to remind you about upcoming appointments. Typically, a brief non-specific message may be left on your answering machine or voicemail. If you have an answering machine or voicemail, may we leave messages regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at the The Center for Cosmetic Surgery or Rejuvenate!

Yes No

If no, how else may we contact you regarding this information?

Use and Disclosure of Information

Initials

I authorize the person(s) listed below to receive all health information about appointments, treatment and/or other information pertinent to my healthcare and/or payment for my healthcare provided at The Center for Cosmetic Surgery or Rejuvenate!

Name and Relationship to you

Name and Relationship to you

I do not authorize my information to be disclosed to any other parties except to me as the patient.

You may revoke or terminate this authorization by submitting a written revocation to The Center for Cosmetic Surgery or Rejuvenate! You should contact the PRIVACY OFFICIAL or other authorized representative to terminate this authorization

Insurance Policy

Initials

The Center for Cosmetic Surgery and Rejuvenate! is not in network with any insurance carriers. Our policy states we will not submit any paperwork to insurance companies, i.e. letters, codes, etc, on behalf of the patient.

I understand that it is my sole responsibility to provide any necessary documentation if seeking insurance reimbursement.

Privacy Practice Notice

Initials

Our Notice of Privacy Practice (Notice) provides information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice before signing this acknowledgement. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy. By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice. By signing this form, you also acknowledge that a copy of our Notice can be provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

Patient Signature

Date

Please initial each paragraph.