

PATIENT CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby give my consent for Freed Plastic Surgery, A Medical Corporation, to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare options (TPO).*

I have the right to review the Notice of Privacy Practices prior to signing this consent. Freed Plastic Surgery 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 Freed Plastic Surgery, A Medical Corporation's Privacy Officer at 3180 Bell Road Suite 200, Auburn, CA 95603

With this consent, Freed Plastic Surgery may call my home or another alternative location and leave a message on voice mail or in person in reference to any items that may 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 this consent, Freed Plastic Surgery, A Medical Corporation may mail to my home or another alternative location, any items that may assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Confidential".

I have the right to request that Freed Plastic Surgery, A Medical Corporation restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Freed Plastic Surgery A Medical Corporation's 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, or later revoke it, Freed Plastic Surgery, A Medical Corporation may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patients Name or Legal Guardian Printed

Date

*Freed Plastic Surgery Medical Center's Notice of Privacy Practices provides a more complete description of such uses and disclosures for patients that are interested in more detailed information.