

HIPAA Information and Consent

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This form is an abbreviated version of the complete policy, which is available in the office.

HIPAA provides certain rights and protections to you as the patient. There are rules and restrictions on who may see or be notified of your protected health information. We balance these needs with our goal of providing you with quality professional service and care:

- 1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately.

This includes the sharing of information with other healthcare providers, laboratories, health insurance payers and government agencies as is necessary.

- 2. You agree to bring any concerns regarding your privacy to the attention of the Executive Director, Andrew Sarnoff.

PATIENT SIGNATURES

I, _____ date _____ acknowledge my agreement to the terms set forth in the information above. I understand that this consent shall remain in force from this time forward.

Please check one of the following options and sign at the bottom of the page:

I do not authorize Cosmetique Dermatology, Laser & Plastic Surgery, LLP to discuss my medical condition and/or treatment with anyone other than myself.

I authorize you to discuss my medical condition and/or treatment with the following person(s)

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Phone _____

Phone _____

Patient Signature

Date