



The Plastic Surgery Experts

Mark Mandell-Brown, M.D.

PATIENT CONSENT FORM

The **Department of Health and Human Services** has established a “**Privacy Rule**” to help insure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients consent for uses and disclosures of health information about the patient to carry our treatment, payment or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical care and will do all we can to secure and protect your privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under the law, we have the right to refuse to treat you should you choose to refuse to disclose your **Personal Health Information (PHI)**. If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent. If you have any objections to this form, please ask to speak with our **HIPAA Compliance Officer**. You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

**MAY WE CALL/LEAVE MESSAGE AT YOUR HOME? Y ___ N ___ **

**MAY WE E-MAIL NEWSLETTERS/ PROMOTIONS? Y ___ N ___ **

**MAY WE TEXT MESSAGE APPOINTMENT REMINDERS? Y ___ N ___*

PRINT NAME _____

SIGNATURE _____

DATE _____

You may obtain a copy of our privacy practices, including any revisions of our Notice, at any time by contacting, Mark Mandell-Brown, M.D.

Mandell-Brown Plastic Surgery Center

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