

Usal Cosmetic Surgery Center

Authorization for Purposes of Treatment, Payment, and Healthcare Operations

I authorize the use or disclosure of my protected health information by Usal Cosmetic Surgery Center for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare expense claim to include medical insurance, banking, finance companies and credit card companies and to conduct healthcare operations of Usal Cosmetic Surgery Center. I understand that diagnosis or treatment of me by Dr. Hakan Usal may be conditioned upon my consent as evidence by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. Usal Cosmetic Surgery Center is not required to agree to the restrictions that I may request. However, if Usal Cosmetic Surgery Center agrees to a restriction that I request, the restriction is binding on Usal Cosmetic Surgery Center.

I have the right to revoke this consent, in writing, at anytime, except to the extent that Dr. Hakan Usal or Usal Cosmetic Surgery Center has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Usal Cosmetic Surgery Center's Notice of Privacy Practices prior to signing this document. The Usal Cosmetic Surgery Center Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of Usal Cosmetic Surgery Center. This Notice of Privacy Practices also describes my rights and the Usal Cosmetic Surgery Center's duties with respect to my protected health information.

Usal Cosmetic Surgery Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office, request in writing or ask for a copy at the time of my next appointment.

Signature of Patient or Personal Representative

Date: _____

Name of Patient or Personal Representative

Description of Personal Representative's Authority