

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND
CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

Read before signing the Acknowledgment and Consent

This acknowledgment of notice and consent authorizes de Ramon Plastic Surgery Institute to use and disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices. de Ramon Plastic Surgery Institute has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer:

Mail: de Ramon Plastic Surgery Institute
Attention: Carol de Ramon Plastic Surgery Institute, P.C.
2025 Technology Parkway, Suite 303
Mechanicsburg, PA 17050 Telephone: (717) 791-2880 Facsimile: (717) 791-2885

Acknowledgment and Consent

Print or type all information except the signature.

I have received the Notice of Privacy Practices for de Ramon Plastic Surgery Institute. de Ramon Plastic Surgery Institute is authorized to use and disclose health information about _____(patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

_____ Date _____

Signature of patient or patient's personal representative

Personal representative information (if applicable):

_____Name of personal representative

_____Relationship to patient (or other authority)