

WEST LINN PLASTIC SURGERY CENTER

Physicians and Surgeons

Gregory L. Combs, M.D.

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ACKNOWLEDGMENT OF CONSENTS, RELEASES, AND AGREEMENTS

Patient Name (please print) _____	Date of Birth (please print) _____
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Notice of Uses and Disclosures of Protected Health Information

I acknowledge that in order for the West Linn Plastic Surgery Center (WLPSC) to deliver the best service it may be necessary to use and disclose health information about me and that I have the right to receive and review a written description of my protected health information (Notice of Privacy Practices).

I understand the Notice of Privacy Practices describes the types of uses and disclosures of my protected health information as well as my individual rights and the duties of WLPSC that may occur in my treatment, payment of bills, insurance matters, or in the performance of health care operations of WLPSC. This health care information, created or received by WLPSC may be in the form of written or spoken words, electronic or paper records, may include information related to your past and present medical history, treatments or services.

I am aware the WLPSC reserves the right to update or revise the Notice of Privacy Practices from time to time, and that I am entitled to obtain a copy of any revisions by asking WLPSC to send a copy in the mail or by requesting one at the time of my next appointment.

By signing below, I agree that I have reviewed and understand the information above.

Date: _____
Patient Signature: _____
(Patient representative) _____ (Representative's Authority) _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO FAMILY MEMBERS

I understand that certain information cannot be released without specific authorization. I authorize the release of the initialed information below. **I do NOT authorize release of the blank information below.**

____ Surgery and home instructions ____ scheduled appointments ____ treatments (fillers, Botox, peels)
____ Insurance matters/billing ____ payment for services

I authorize the WLPSC to discuss my information related to the initialed services with:

____ Name/Relationship ____ Name/Relationship
____ Name/Relationship ____ Name/Relationship