LONE STAR SURGICAL

Patient Name ____

EMERGENCY CONTACT

Name ______________________________ Relationship ________________

Address ______________________________ Telephone (______)____________

HIPAA APPROVED CONTACTS

Name ______________________________ Relationship ________________

Address______________________________ Telephone (______)____________

City ____________________ State ________ Zip Code ________________

Date of Birth ______________ SS# ________-________-________ Sex ☐ M ☐ F

Name ______________________________ Relationship ________________

Address______________________________ Telephone (______)____________

City ____________________ State ________ Zip Code ________________

Date of Birth ______________ SS# ________-________-________ Sex ☐ M ☐ F

Our Notice of Privacy Practices (notice) provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As outlined in our notice the terms of this may change. If our notice is changed or modified, you may obtain a revised copy by request from the receptionist.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent. This consent is given freely with the understanding that:

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization except as otherwise provided by law.
2. A photocopy or fax of this consent is as valid as this original.
3. I may revoke this consent at any time, except where information has already been released. This consent is valid until revoked by me in writing.

Signature______________________________ Date ______________

LIVE without the ~~weight~~ wait