

Gardner Plastic Surgery, Inc

Consent for Purpose or Treatment, Payment, or Health Care Operations

I consent to the use or disclosure of my protected health information by Gardner Plastic Surgery, Inc for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Gardner Plastic Surgery, Inc.

I understand that diagnosis or treatment of me by Gardner Plastic Surgery, Inc may be conditioned upon my consent as evidenced by my signature on this document.

I understand that 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 health care operations. Gardner Plastic Surgery, Inc is not required to agree to the restrictions that I may request. However, if Dr. Paul M. Gardner agrees to a restriction that I request, the restriction is binding on the practice.

I have the right to revoke this Consent, in writing, at any time, except to the extent that Gardner Plastic Surgery, Inc has taken action in reliance on this consent.

My "protected health information" means health information, including demographic information, collected from me and collected or received by my physician, another health care provider, a health plan, my employer or a health care 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 that I have a right to review Gardner Plastic Surgery, Inc's Notice of Privacy Practices prior to signing this document.

Gardner Plastic Surgery, Inc's Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices for Gardner Plastic Surgery, Inc describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or the performance of health care operations.

This Notice of Privacy Practices also describes my rights and the duties of Gardner Plastic Surgery, Inc with respect to my protected health information.

Gardner Plastic Surgery, Inc 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 contacting Gardner Plastic Surgery, Inc located at 1009 Crosspointe Drive, Suite 1, Naples, FL 34110 or by calling (239)566-2611.

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Name of Patient

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Signature of Patient or Representative

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Name of Patient and/or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Initial