

Notice of Privacy Practices for Purposes of Treatment,  
Payment and Healthcare Operations  
**HIPPA COMPLIANCE**

I consent to the use or disclosure of my protected health information by **PLASTIC SURGERY SPECIALISTS, 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 **Plastic Surgery Specialists, Inc.**. I understand that diagnosis or treatment of me by **Thomas W.Orcutt, MD / Nicholas Sieveking, MD** may be conditioned upon my consent as evidenced by my signature on the HIPPA document you have signed.

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. **Plastic Surgery Specialists, Inc.** is not required to agree to the restrictions that I may request. However, if **Plastic Surgery Specialists, Inc.** agrees to a restriction that I request, the restriction is binding on **Plastic Surgery Specialists, Inc. Thomas W. Orcutt, MD / Nicholas Sieveking, MD.**

I have the right to revoke this consent, in writing, at any time, except to the extent that **Thomas W.Orcutt, MD / Nicholas Sieveking, MD or Plastic Surgery Specialists, Inc.** 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 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 I have a right to review **Plastic Surgery Specialists, Inc.** Notice of Privacy Practices prior to signing the HIPPA document. 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 health care operations of the **Plastic Surgery Specialists, Inc.**

The Notice of Privacy Practices for **Plastic Surgery Specialists, Inc.** is also provided **HIPPA COMPLIANCE NOTEBOOK IN OFFICE LOBBY.**

This Notice of Privacy Practices also describes my rights and the **Plastic Surgery Specialists, Inc.** duties with respect to my protected health information. **Plastic Surgery Specialists, 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 accessing the **Plastic Surgery Specialists, Inc.** website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

# PATIENT COPY