Aesthetic
Center for Facial Cosmetic Surgery & MediSpa

As a result of the health Insurance Portability and Accountability Act (HIPAA), enforced by the US Department of Health and Human Services office of Civil Rights, **we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes as stated below.**

This waiver authorizes Nathan Monhian, MD, PC to send/give my medical information as noted:

I give my permission to leave a voicemail recording including my Personal Health Information on my home/cell phone. ___ Yes ___ No

I give my permission to leave a voicemail recording including my Personal Health Information on my business phone: ___ Yes ___ No

I give my permission to speak to a member of my choosing (Personal Representative) regarding my Personal Health Information: ___ Yes ___ No

I give my permission to permit the individual stated below (Personal Representative) to receive prescriptions and/or test results: ___ Yes ___ No

Name of Personal Representative_____

On this date_____I received and reviewed the Notice of Privacy Practices, which describes how my medical information may be used and disclosed and explains how I can get access to this information.

I had an opportunity to raise question regarding this policy and all of my questions have been answered: ___ Yes ___ No

This authorization made above will remain effective until such time as I notify Nathan Monhian MD PC in writing, by certified mail, of requested changes.

_____Patient Signature Phone#_____

_____Date of Birth Date: _____