

Reconstructive and Aesthetic Surgeons Inc.

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rasinet.com

Confidential Communications Request and Authorization

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that communications concerning your personal health information be made through confidential channels. This medical practice will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contact must be provided, and as appropriate, information as to how payment will be handled.

I, _____ hereby request the use of the following

(Print Name)

confidential channels for the communication of information related to my personal health or treatment. This request supersedes any prior request for confidential channel communications I have made.

What telephone number(s) may we use to contact you? _____

What email address may we use for correspondence? _____

Should we contact you at home or at work? (home) (work) (both)

May we discuss pertinent information with anyone else? (Yes) (No)

Name _____

Relationship _____

Name _____

Relationship _____

Note: If you bring family or friends with you to the appointment we will assume you have authorized us to tell them information about your case or treatment unless you advise us to the contrary.

We may also decide in our professional judgment such persons may have a need to have information about your care and treatment, such as for driving or post-operative care.

I hereby acknowledge that I have received a copy of Reconstructive and Aesthetic Surgeons, Inc. and affiliates Notice of Privacy Practices.

Patient Name: _____

(Please print)

Date: _____

Signature: _____

(If minor or disabled, Legal Guardian signature)