PLASTIC SURGERY CENTER OF THE CAROLINAS

CONTACT AUTHORIZATION

In order to provide better care for you, the practice may need to contact you or your designated representative regarding your treatment. Please fill out the form below as to how you would like to be contacted regarding appointments, treatment and/or information pertinent to your healthcare and/or payment for your healthcare provided by Plastic Surgery Center of the Carolinas, as well as who is authorized to receive this information.

Please check all forms of contact that are acceptable:

_____Regular Mail

_____Home Telephone #______________________________ Work Telephone #__________________________________

Answering Machine _____yes _____no Voice Mail _____yes _____no

_____Home Fax Machine # _____________________________Email ____

_____Other ____

Disclosure of your health information or its use for any purpose other than those listed in our "Notice of Privacy Practices" acknowledgement requires your specific written authorization. If you change your mind after authorizing a use or disclosure, you may submit a written revocation of the authorization. Also, you have the right to request restrictions on the use and disclosure disclosure of your health information.

Persons Authorized to Receive Information:
Health information Plastic Surgery Center of the Carolinas collects or receives about you may be disclosed to the following persons:

____

Name of person/relation

____

Name of person/relation

I would like the following restrictions regarding the use and disclosure of my health information:

____

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____ ______________________________ ____________

Name of Patient/Representative (print) Signature of Patient/Representative Date

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Relationship to Patient

DISCLOSURE OF PROTECTED HEALTH INFORMATION TRACKING LOG

DATE OF DISCLOSURE	NAME OF PERSON OR ENTITY RECEIVING PHI	ADDRESS/CONTACT INFORMATION FOR RECIPIENT (IF KNOWN)	PROPER AUTHORIZATION OR WRITTEN REQUEST ON FILE? YES/NO OR PURPOSE OF DISCLOSURE	DESCRIPTION OF PHI DISCLOSED	DISCLOSURE BY: (WORKFORCE MEMBER'S NAME)

PFS-VON-800-248-4907 PLASCAR-CA