

**WILLIAMSBURG PLASTIC SURGERY
JOHNSTUART M. GUARNIERI, M.D.
American Society of Plastic Surgery**

Patient Consent for Use and Disclosure of Protected Health Information

Effective Date: April 14, 2003

It is the policy of our practice that the physician and staff preserve the integrity and the confidentiality of the Protected Health Information (PHI) pertaining to our patients. The purpose of the policy is to ensure that our practice and its physician and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Our practice and its physician and staff will adhere to the standards set forth in the Notice of Privacy Practices.

I understand that I have the right to review and/or receive a copy of the Notice of Privacy Practices prior to signing this consent, or at any other time upon request.

With my consent, Williamsburg Plastic Surgery (WPS) may use and disclose PHI about me to carry out Treatment, Payment, and Healthcare Operations (TPO).

By signing the form, I am consenting to WPS use and disclosure of my PHI to carry out Treatment, Payment, and Healthcare Operations, in compliance with the Health Insurance Portability and Privacy Act of 1996 (HIPPA).

I may revoke this consent in writing except to the extent the practice has already made disclosures in reliance upon my prior consent.

Patient's Printed Name

Social Security Number

Signature of Patient or Legal Guardian

Date