

JOSE RAUL MONTES

Eyes & Facial Rejuvenation

NOTIFICATION OF PRIVACY (HIPAA) AND PATIENT CONSENT

This notice describes how medical information can be used and disclosed. Please read carefully.

1. **Treatment.** We may use and disclose medical information to provide you with medical treatment or services. We would provide information to physicians, nurses, technicians, practitioners or other office staff who are involved in your care.
2. **Payments.** We may use and disclose your medical information so that the treatment and services that you receive can be submitted for billing and collection to a "Clearinghouse," insurance company or to a third person.
3. **Surgery Care.** We may use and disclose your medical information for office operations. This is necessary to ensure that all our patients receive the best possible treatment.
4. **Appointments Reminder.** We may use and disclose your medical information for the purpose of reminding you that you have an appointment for treatment or medical care.
5. **Treatment Alternatives.** We may use and disclose your medical information
6. **Benefits and Services Relating to Health Care.** We may use and disclose your medical information for the purpose of informing you about services and benefits related to health care that may be of interest to you.
7. **Person Involved in Your Treatment or Payment of Your Caregiver.** We may use and disclose your medical information to your friends or family members who are involved in your health care. In addition, we can inform individuals contributing to the payment of your treatment. We can also inform to your family or friends your health condition. In addition, in case of emergency due to a disaster, we may disclose medical information about you to institutions that assist in notifying your family of your health condition and where you are located.
8. **Medical Research.** Under certain circumstances, we may disclose your medical for research purposes. For example, a research project may involve the comparison patient recovery who have suffered the same disease, but have been treated with different medicines.
9. **Required by Law.** We will disclose your medical information when it is required by federal, state, or local law.
10. **To prevent threat to health or public safety.** We may use and disclose your medical information when it is necessary to prevent a serious threat your health and safety, or to the health and safety of other people. Such information will be disclosed only to those who might help prevent the threat.

Patient's Signature

Date

Rev. 1/5/17