

# Patient Consent for Use and Disclosure of Protected Health Information

## Ritacca Cosmetic Surgery & Medspa

I hereby give my consent to Ritacca Cosmetic Surgery & Medspa to use and disclose PHI (Protected Health Information) about me to carry out treatment, payment, and health care operations, otherwise known as TPO.

I have the right to review the Notice of Privacy Practices prior to signing the consent.

- Ritacca Cosmetic Surgery & Medspa reserves the right to revise the Notice of Privacy Practices at any time. A revised Notice of Privacy may be obtained by forwarding a written request to the office manager at Ritacca Cosmetic Surgery & Medspa, 230 Center Dr Suite 101, Vernon Hills, IL, 60061.
- With this consent, Ritacca Cosmetic Surgery & Medspa *may call my home or alternative location and leave a message in voicemail or in person* with reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any calls pertaining to my clinical care, including laboratory test results, among others.
- With this consent, Ritacca Cosmetic Surgery & Medspa *may mail to my home or another alternative location* any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential". With this consent, Ritacca Cosmetic Surgery & Medspa may email to my home or another alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
- With this consent, Ritacca Cosmetic Surgery & Medspa *may text to the phone number on file* any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
- I have the right to request that Ritacca Cosmetic Surgery & Medspa restrict how it uses or discloses my PHI to carry out TPO.
- The practice is not required to agree to my requested restrictions, but if it does, it is bound to this agreement.

By signing this form, I am consenting to allow Ritacca Cosmetic Surgery & Medspa to use and disclose my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Ritacca Cosmetic Surgery & Medspa may decline to provide treatment to me.

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(Signature of patient or guardian)                      (Date)                      (Relationship to patient)

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(Print Patient Name)                      (Print name of legal guardian, if applicable)

### **Photo / Videotape Release and Consent Form**

I certify that by checking the CONFIRM box below and entering my initials below on this release and consent form gives permission to Ritacca Cosmetic Surgery & Medspa, LTD. the full right to pre and post-surgical/treatment photograph(s) and/or videotaped image(s) and sound byte(s) . I also grant non-exclusive rights for my photographs, videos or soundbytes to be used for educational & training purposes, professional publications or sales purposes, and all marketing material the office chooses including but not limited to in the office, on the internet or social media. This is not a limited use license therefore my photos and/or videos may be used indefinitely unless I have submitted a request in writing.

**CONFIRM Authorization: Yes  No  Initials: \_\_\_\_\_**