



HIPPA PATIENT CONSENT FORM

For Use and Disclosure of Protected Health Information

I hereby give my consent for **Revive Med & Aesthetic Center** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy provided by **Revive Med & Aesthetic Center** describes such uses and disclosures more completely.) I have the right to review the Notice of Privacy Practices prior to signing this consent. **Revive Med & Aesthetic Center** reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to: **Revive Med & Aesthetic Center** With this consent, **Revive Med & Aesthetic Center** may call my home or other alternative location and leave a message on voice mail or in person in 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, **Revive Med & Aesthetic Center** may mail to my home or other alternative location any items that assist the practice carrying out TPO such as appointment reminder cards and patient statements. With this consent **Revive Med & Aesthetic Center** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. I have the right to request that **Revive Med & Aesthetic Center** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my request restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to allow **Revive Med & Aesthetic Center** 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 form, or later revoke it, **Revive Med & Aesthetic Center** may decline to provide treatment to me.

CONSULTATION FEE

There is a \$25 consultation fee due at the time of service. If you decide to not purchase treatment same day, the \$25 fee will remain on your file and go towards your future purchase.

LATE POLICY

If you are an established patient and arrive 15 or more minutes late to your appointment you will likely be asked to reschedule unless the provider's schedule is able to accommodate you. Priority will be given to the patients who arrive on time. You may have to wait in between these patients; this may mean a considerable wait time. If this is not convenient for you, you may choose to reschedule. One or two late patients can cause the entire schedule to fall behind. This is an inconvenience to everyone. We strive to see every patient as close to their appointment time as possible. New patients are instructed to arrive 15 minutes prior to their scheduled appointment time to complete forms. If

you arrive at your scheduled appointment time and it takes longer than 15 minutes to complete them, you may be asked to reschedule.

We ask that you be courteous to your providers time and attention. Our Providers, office staff, as well as patients, thank you.

MISSED APPOINTMENT & "No Show" Policy

While we make every effort to provide a reminder call or email at least 24 hours before your appointment, it is ultimately your responsibility to remember your appointment.

24 hours' notice must be given for appointment cancellation, failure to do so will forfeit a treatment session.

REFUND POLICY

There are no refunds on services, products, or packages once they are purchased. Also, a purchase made for a service on one area cannot be transferred to another person, or to another body area

Signature _____

Date _____

Printed Name: _____