



Consent to Communicate

Patient Name: _____

Please mark the ways that you consent to us communicating with you:

Method	Ok to leave Voicemail	Ok to Leave Message with Another Person	Preferred Contact Method(s)	Best Time to Call
<input type="checkbox"/> Call Work Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<input type="checkbox"/> Call Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<input type="checkbox"/> Call Home Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<input type="checkbox"/> Send email	-	-	<input type="checkbox"/>	

Email Appts Reminders

Email Medical Info

Email Marketing Info

<input type="checkbox"/> Send Regular Mail	-	-	<input type="checkbox"/>	
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Mail to which Address: Home Other (please list):

***Best Time to Call Examples:** morning, afternoon, daytime, evening, emergency only, do not call, or do not leave message.

If it is ok to leave a message with another person, please list them:

Name	DOB	Relationship	OK to Release Results	Any Comments
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature: _____

Date: _____

(Over)





Paige C. Holt, MD • Glori Traeder, CNP

Plastic Surgery & Aesthetics

Privacy Policy

This is the privacy policy of Paige C. Holt, MD, and Glori Traeder, CNP, Plastic Surgery & Aesthetics. The staff of Quincy Plastic Surgery & Aesthetics work diligently every day to respect the privacy of your personal information. Please take a moment to familiarize yourself with what information we collect, how we protect it, and how we use it.

- The staff has been trained in the importance of maintaining your confidentiality and enforces the facility’s privacy rules.
- We only collect information which is pertinent to providing you with quality care.
- We will maintain physical, electronic, and procedural safeguards to protect personal information we obtain about you.
- We will respect your expressed desire not to share certain information. You may so direct at any time.
- If at any time you should feel that your privacy is being compromised, please let the Practice manager know immediately.

Thank you for allowing Dr. Paige Holt, Glori Traeder, CNP, and the staff of Quincy Plastic Surgery & Aesthetics the opportunity to assist you in achieving your plastic, reconstruction and aesthetic surgery goals.

I acknowledge that I have received or been offered the **HIPPA Notice of Privacy Practices** of Quincy Plastic Surgery & Aesthetic effective July 1, 2015. I understand that the Notice describes the uses of my protected health information by the Covered Entities which collectively constitute Quincy Plastic Surgery & Aesthetics and informs me of my rights with respect to my protected health information.

Name of Patient Date of Birth

Signature of Patient or Personal Representative Date

Printed Name of Patient or Personal Representative

If personal Representative, indicate relationship:

Declinations

_____ The Individual declined to accept a copy of the Notice of Privacy Practices.

_____ The Individual received a copy of the Notice of Privacy Practices, but declined to sign an Acknowledgement of Receipt.

(Over)

