



ACKNOWLEDGEMENT OF PATIENT PRIVACY NOTICE

I have been informed of the Patient Privacy Practices of AASMC. I am aware that this notice describes how medical information about patients may be used and disclosed and how I can get access to this information. I have been requested to review it carefully. I am aware that I have the right to a paper copy of this notice and may ask for a copy at any time. I may obtain a paper copy of this notice by asking the staff or writing a request to AASMC.

I grant permission (if deemed necessary) for the use of any of my medical records including illustrations, photographs, or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by the American Board of Plastic Surgery, Inc.

I authorize AASMC to take professional medical photographs before, during, and after any medical procedure. Additional consents will be requested to obtain permission for the use of any pre-operative, intra-operative, and post-operative photos to be used for marketing purposes.

AASMC will not discuss medical information pertaining to my care with anyone other than myself unless I have personally requested otherwise. I will assume responsibility to notify AASMC, in writing, if I need my information to be shared.