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Privacy Consent Form

Mabrie Facial Cosmetic, Inc., recognizes and respects the fact that all patients have the right to inspect and obtain a copy of their own records (protected health information).

By signing this Privacy Consent Form (herein after "Consent"), I acknowledge and authorize Mabrie Facial Cosmetic to use and/or disclose any Protected Health Information about myself (or minor child) to carry out treatment, payment, to collect anything outstanding charges, and healthcare operations.

We my signature and consent, this office may mail to my home or other designated location or leave a message on voicemail or in-person in reference to any items that assist the practice in carrying out treatment, payment, and other healthcare operations, such as appointment reminders, insurance items, payment items, and calls pertaining to my clinical care, including laboratory results and information among others.

With my signature and consent, Mabrie Facial Cosmetic, Inc., may mail to my home or other designated location any items that assist the practice in carrying out treatment, payment, and other healthcare operations, such as appointment reminder cards, patient statements, and any other information regarding my (or my minor child's) healthcare as long as they are marked "personal and confidential". With my signature and consent, Mabrie Facial Cosmetic, Inc., they may email any information regarding my (or my minor child's) healthcare, treatment, payment, and appointments to me.

I have the right to request that Mabrie Facial Cosmetic, Inc restrict how it uses and discloses my healthcare information to carry out treatment and payment. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this Consent.

By signing this form, I am authorizing Mabrie Facial Cosmetic, Inc., to use and disclose my private health information to carry out treatment, payment, and other healthcare operations.

I may revoke my consent in writing, except to the extent that the practice has already made disclosures. If I do not sign this Consent, Mabrie Facial Cosmetic, Inc., may decline to provide me or my minor child's treatment.

Patient Signature Date

Witness Signature Date

Doctor's Signature Date

Mabrie Facial Cosmetic, Inc., in addition to the agencies named herein, may release my information to:

- Spouse
- Domestic Partner
- Guardian