

HIPAA - PATIENT CONSENT FOR USE OF DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided with Body Rejuvenation, LLC., "Notice of Privacy Practices", and I am giving my consent for the use and disclosure of Protected Health Information as required and / or permitted by law.

Patient Name:
(please print)

EMAIL/TEXT MESSAGE TO MOBILE PHONE CONSENT FORM

Purpose: This form is used to obtain your consent to communicate with you by email regarding your Protected Health Information. BODY REJUVENATION, LLC., (BR) offers patients the opportunity to communicate by email. Transmitting patient information by email has a number of risks that patients should consider before granting consent to use email for these purposes. BR will use reasonable means to protect the security and confidentiality of email information sent and received. However, BR cannot guarantee the security and confidentiality of email communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of email between BR and me and consent to the conditions outlined herein. Any questions I may have had were answered.

Patient Acknowledgment & Agreement

My Consented Email Address is:

Patient Signature: \$patientSignature

My Consented Mobile Number For Text Messaging is:

Patient Name:
(please print)

(or legal representative; proof may be requested)

IN CASE OF EMERGENCY: Please call 911 or proceed to the nearest emergency room.
Do not use this way of communication for that purpose.

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