

Release of Information

Please read each consent/authorization below and sign at the bottom of the page

Consent for Photographic Documentation

I consent to be photographed before, during, and after my treatment, operation, etc. as recommended by Cosmetic Surgery Center. These photographs shall be the property of Cosmetic Surgery Center. I understand that every effort will be made to protect my identity unless I otherwise give Cosmetic Surgery Center separate written permission to use my photographs for designated purposes.

Consent for Communication

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating include: telephone, texting, social media, pagers, answering service if available, email, and regular mail. All attempts will be made to preserve your privacy in accordance with HIPPA rules.

Please confirm below all acceptable ways of communicating with you:

| | |
|--------------------------|---------------------------------------------------------|
| _____ Telephone | _____ Social Media(Facebook etc.) |
| _____ Home (- -) | _____ Pager/Answering Service |
| _____ Work (- -) | _____ Email (@) |
| _____ Cell (- -) | _____ Regular Mail and Delivery |
| _____ Texting | |

Consent for Self-Pay Patients

I understand and agree that any and all charges incurred by me shall be paid in full to Cosmetic Surgery Center.

Consent for Credit Card, Debit Card, Financing Payments

Services performed that are paid for with a credit card, debit card, or with financing are not eligible for post-surgical/post-care payment challenges. Cosmetic Surgery Center encourages a complete post-op care and follow-up interaction to address any issues that might arise. I agree that this credit card, debit card, financing challenge agreement is irrevocable.

Patient Name (print) _____

Patient Signature _____ Date: _____