

**Cosmetic Surgical Arts & Rejuvenation of Oklahoma
PATIENT ACKNOWLEDGEMENT FORM**

Our Notice of Privacy Practices (Notice) provides you information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice before signing this acknowledgement. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice.

By signing this form, you also acknowledge that a copy of our Notice has been provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

Signature

Date

I understand that photographs, videotapes, digital, or other images may be recorded to document my care, and I consent to this. I understand that Cosmetic Surgical Arts & Rejuvenation of Oklahoma will retain the ownership rights to these photographs, videotapes, digital or other images, but that I will be allowed to access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Cosmetic Surgical Arts & Rejuvenation of Oklahoma's policy. Images that identify me will be released and/or used outside the institution only upon written authorization from my legal representative or me.

Signature

Date