

**NANCY SHIBAYAMA, M.D., INC.**  
LASER AND AESTHETIC MEDICINE

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Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office. You have the right to request that we restrict how protected information about you is used or disclosed for treatment, payment, or healthcare operations. You have a right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made based on your prior consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The patient understands that:

- Protected health information may be disclosed for treatment, payment, or health care operations.
- The practice has a Notice of Privacy Practices and the Patient has the opportunity to review this Notice.
- The practice reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information but the practice does not have to agree to those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures shall then cease.
- The practice may condition delivery of treatment upon execution of this consent.

Do we have your permission to:

- |  |   |   |
|--|---|---|
| • Leave a message on your answering machine or cell phone.         | Y | N |
| • Leave a message at your work number.                             | Y | N |
| • Discuss you medical conditions with any member of your household | Y | N |

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_