

RAMIRO MORALES, JR., MD, FACS
Plastic and Reconstructive Surgery

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|-------------------------|-----------|------------------------|----------------|------|----------------|
| Patient Name: | | () Male () Female | Date of Birth: | Age: | Marital Status |
| Address: | | Apt#: | Home#: | | Cell#: |
| City and State: | Zip Code: | Email: | | | Social Sec# |
| Employer: | | Work#: | Occupation: | | |
| Emergency Contact Name: | | Phone#: | Relationship: | | |

Referred by: _____ Procedure of Interest: _____

COMMUNICATION AUTHORIZATION CONSENT

- () **I AUTHORIZE** THE OFFICE OF DR. RAMIRO MORALES TO LEAVE A MESSAGE OR VOICEMAIL ON MY ANSWERING MACHINE, TELEPHONE OR CELL PHONE IN REGARDSTO MY TREATMENT, APPOINTMENT, OR SURGERY THAT IS TO BE SCHEDULED.
- () **I DO NOT AUTHORIZE** THE OFFICE OF DR. RAMIRO MORALES TO LEAVE A MESSAGE OR VOICEMAIL ON MY ANSWERING MACHINE, TELEPHONE OR CELL PHONE IN REGARDS TO MY TREATMENT, APPOINTMENT OR SURGERY THAT IS TO BE SCHEDULED.
- () **I AUTHORIZE THE STAFF** OF DR. RAMIRO MORALES TO DISCUSS MY TREATMENT, APPOINTMENT OR SURGERY THAT IS TO BE SCHEDULED WITH THE FOLLOWING PEOPLE:

| NAME: | PHONE # | RELATIONSHIP: |
|-------|---------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE READ THE FOLLOWING AND SIGN

I may be shown certain pictures of actual patients during my consultation. I understand that those pictures are solely for illustration and discussion and are used to give improved communication between the patient and Dr. Morales. I do understand that the outcome of any type of surgical procedure is directly related to my individual characteristics and health and therefore any photos shown should not be interpreted as a guarantee of my specific surgical results.

I understand that in order to proceed with any surgical or non-surgical procedures, photographs may have to be taken. I consent to the use of these photographs for future illustrative purposes without any identifying characteristics being shown.

I have read (or have had read to me) the above information and certify that the information I have provided is correct to the best of my knowledge and that I have not left out any pertinent medical information. I understand that I am financially responsible for all charges related to my procedure with the exception of certain procedures which may be covered by insurance, where I may have co-payment or patient responsibilities due.

 Patient signature

 Date

RAMIRO MORALES, JR., MD, FACS

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**PATIENT CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

In signing this form, you consent to the use and disclosure of your protected health information by (practice), our staff and our business associates strictly for the purpose treatment, payment and health care operations.

You acknowledge you have had an opportunity to review our **Notice of Privacy Practices** prior to signing this consent. We encourage you to review our **Notice of Privacy Practices** carefully. It provides more detail on how we may use and disclosure your information. The **Notice of Privacy Practices** may change. A current copy may be requested when you are being seen as a patient, by contacting our office at (954) 450-6594.

You may request that we restrict how we use and disclose your protected health information for the purposes mentioned above. If you would like to request a restriction, please do so in writing. However, we reserve the right to deny your request. If we grant your request, we are bound by the terms of the agreement.

You may also revoked this consent in writing; however, information on any treatment/ service provided using this prior consents may still be used or disclosed for purposes of treatment, payment, or health care operations. Refer to the **Notice of Privacy Practices** for further information.

By signing this form, I grant my consent for the practice to use and disclose my protected health information for the purposes of treatment, payment and health care operations.

Patient signature or Surrogate decision maker

Date