Cernero Surgery & Aesthetics
GENERAL & BARIATRIC SURGERY

AARON L. CERNERO D.O., P.A.

CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMAITON

How We May Use and Disclose Your Health Information

Your protected health information will be used by Aaron L. Cernero D.O., P.A., or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

The Notice of Privacy Practices

Aaron L. Cernero D.O., P.A., is required to provide you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Policies and Practices" brochure provided to you.

You May Place Restrictions on the Use or Disclosure of Your Health Information

You may request a restriction on the use or disclosure of your protected health information. However, Aaron L. Cernero D.O., P.A., may or may not agree to your request to restrict the use or disclosure of your protected health information. You may be asked to complete an authorization to activate this request. Please consult with a practice representative if you would like additional information or clarification. It is a violation of the federal privacy standards if Aaron L. Cernero D.O., P.A., agrees and fails to comply with your request. The restrictions requested will not affect use and disclosure of your information before the date of your request. If you still have questions after reviewing the Notice of Privacy Brochure, please consult with a practice representative at the location and contact information listed on the back of the brochure.

Email and Texting Informed Consent

I acknowledge that I have read and fully understand the Email and Texting Informed consent form. I understand the risks associated with the communication of cell phones, email and/or texts between Dr. Cernero and myself, and consent to the conditions and instructions outlined, as well as any other instructions that Dr. Cernero may impose to communicate with me by email or text. By signing this form, I authorize the provider to send text messages to my cell phone regarding scheduling and treatment. I understand that standard text messaging rates will apply to any messages received. I also understand that I or Dr. Cernero may revoke this permission in writing at any time. I agree not to hold the provider liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number and or cell provider changes I will inform Dr. Cernero's office.

You May Revoke This Consent at Any Time

You may revoke this consent at any time; however, Aaron L. Cernero D.O., P.A., requires that you must revoke this consent in writing. If you choose to revoke this consent, the revocation will not affect use and disclosure of your information before the date of your request.

Changes to Privacy Practices

Aaron L. Cernero D.O., P.A., reserves the right to change or modify the privacy practices outlined in the Notice of Privacy Brochure. Aaron L. Cernero D.O., P.A. will notify you of any changes of privacy practices at your next appointment or another pre-approved method that you request.

Pharmacy History

I give Aaron L. Cernero D.O., P.A., permission to view my prescription history from external sources.

Signature

I have reviewed this consent form, received the brochure entitled "Notice of Privacy Policies and Practices" and "Email and Texting Informed Consent Form" and give my permission to Aaron L. Cernero D.O., P.A., to use and disclose my health information in accordance with this consent and the notice provided.

Print Name and Signature of Patient or Legal Representative Date of Birth Today's Date