



**HIPPA Policy, Notice of Privacy Practices and Photo Consent**

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review the following information carefully.*

The Health Insurance and Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

How we may use and disclose your health information:

- We may create and distribute de-identified health information by removing all references to individually identifiable information.
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

James Owen, MD, and/or Stacy Rohrbough, NP, Anna Rider, NP of Peninsula Glow Medical Spa, are required by law to review and sign all patient charts.

I, \_\_\_\_\_ (Patient Name), understand that Dr. James Owen and/or Stacy Rohrbough, NP, Anna Rider, NP will be reviewing my personal health records and photographs provided in the medical record.

Initials: \_\_\_\_\_

A consumer fact sheet regarding protection of privacy by the U.S. Department of Health and Human Services can be accessed online at [www.hhs.gov/news/facts/privacy.html](http://www.hhs.gov/news/facts/privacy.html).

Initials: \_\_\_\_\_

**Notice To Patients’ Open Payments Database**

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospital be made available to the public. You may search this federal database for payments made to physicians and teaching hospitals by visiting this website: <https://openpaymentsdata.cms.gov/>

**Photo and Video Consent**

I consent to have my pictures and/or videos taken and stored in the electronic medical record system of Peninsula Glow Medical Spa. Such photographs and videos will not be used for any purpose except for documentation purposes and internal training without my express permission.

Initials: \_\_\_\_\_

**Optional- Social media and Promotional Release and Consent**

I hereby give permission to Peninsula Glow Medical Spa to use my photos, videos, and/or likeness in all forms of media, for the purpose of advertising, training, and any other lawful purposes.

Initials: \_\_\_\_\_

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_