

Tanya A. Atagi, M.D. • Plastic Surgery

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Privacy Practices Acknowledgement

Our Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information about you. The Notice contains a Patient Right section describing your right under the law. You have the right to review our Notice before signing this form. 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 your Protected Health Information is disclosed for treatment, payment or health care operations. We are not required to agree to this restriction; but if do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. Dr. Tanya A. Atagi provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient acknowledges that:

- Dr. Tanya A. Atagi has a Notice of Privacy Practices and that the patient received a copy of notice and has the opportunity to review this notice.
- Protected Health Information may be disclosed for treatment, payment or health care operations.
- Dr. Tanya A. Atagi reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their protected health information, however, Dr. Tanya A. Atagi does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time, and all future disclosures will then cease.
- Dr. Tanya A. Atagi retains protected health information for 7 years after the last date of treatment, or after the patient reaches the age of 18 (whichever occurs later), then destroyed according to our practice policy.

Name of Patient or Patient Representative (Please print): _____

Signature of Patient or Patient Representative

Date

Relationship to Patient (if other than patient)

Representative – Dr. Tanya A. Atagi