



## **EVOLVE Wellness & Aesthetics**

### **Patient Consent Form**

In April of 2003, new federal requirements regarding privacy of information for health care patients took effect. HIPAA, the Health Insurance Portability and Accountability Act requires that all medical providers, insurance companies, and others, put in place controls to ensure your personal medical information is safe.

Evolve Wellness and Aesthetics requires that each patient sign this consent form which allows us to share protected health information with other physician offices, your hospital, and insurance company. By signing this form, consent to our use and disclosure of protected health information about your treatment, payment, and health care operation. You have the right to revoke this consent in writing, except where we have already made disclosures in reliance on your prior consent.

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent.

Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
Patient or Representative Signature

\_\_\_\_\_  
Date