



**Privacy Acknowledgement**

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 acknowledgement. As provided in our notice, the terms of our notice may change. If we change the notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or restriction, but if we do, we are bound by our agreement.

By signing this form, you acknowledge that our use and disclosure of protected health information about you is used or disclosed for treatment, payment and health care operations.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Financial Policy**

We feel it is important for you to understand the financial policy. You are ultimately responsible for payment of your account regardless of whether or not you have medical insurance. We are always willing to discuss fees with you at any time, and encourage you to ask.

1. Insurance copays are expected at the time of service for office visits and office procedures.
2. Upon receipt of payment from your insurance company, you will be billed for any remaining balance. Unless other arrangements have been made, the unpaid balance will be subject to a finance charge of 1.5% per month starting at 90 days.
3. If you are making a claim under worker's compensation and your claim is denied, you are ultimately responsible for payment of your account. You may need to verify coverage with your employer.
4. Any collection costs incurred by our office will be your responsibility.

**E-Mail Policy**

By consenting to the use of e-mail with Dr. Charles Grado and Aesthetic Consultants of Iowa (ACI) (Plastic Surgical Center), you agree that ACI may forward e-mails as appropriate for diagnosis, treatment, reimbursement and other related reasons. As such, ACI staff members, other than the recipient, may have access to e-mails that you send. Such access will only be to such persons who have a right to access your e-mail to provide services to you. Otherwise, ACI will not forward e-mails to independent third parties without your prior written consent, except as authorized or required by law. ACI reserves the right to save your e-mail or information contained within your e-mail in your medical record.

ACI will use reasonable means to protect the privacy of your health information sent by e-mail. However, because of the risks associated with the use of the internet and e-mail, Dr. Charles Grado and ACI cannot guarantee that e-mail communications will be confidential. Additionally, ACI will not be liable in the event that you or anyone else inappropriately uses your e-mail. ACI will not be liable for improper disclosure of your health information that was released unintentionally.

**Photography Policy**

Many procedures require photographs: I consent to be photographed and photographs will remain the property of Aesthetic Consultants of Iowa. I give permission for these to be used for insurance payment and approval if applicable. If I give permission, these may be used for educational and demonstrated purposes including publication, and I will not be identified by name.

**Verification**

I have read and understand the written financial, e-mail and photography policy of this office. I agree to make financial arrangements for payment of balance in full in accordance with this policy.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_