

NextGen Health and Beauty

HIPAA Consent and Notice of Privacy Practices

Phone: 1-866-455-1281

[LOGO SPACE HERE]

HIPAA CONSENT AND AUTHORIZATION FORM

This form authorizes NextGen Health and Beauty to use and disclose your protected health information (PHI) for purposes of treatment, payment, and health care operations in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Use and Disclosure of Health Information

Your PHI may be used or disclosed for treatment, payment, operations, communication, and as required by law. You may revoke this consent in writing at any time, except to the extent that action has already been taken.

Photography and Marketing Consent

- ☐ I consent to use of my photos for internal treatment documentation.
- ☐ I consent to use of de-identified photos for marketing or educational purposes.
- ☐ I do not consent to use of my photos for marketing.

Client Rights

You have the right to access your records, request restrictions, amend information, revoke consent, and receive a copy of this form and our Privacy Practices Notice.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature (if applicable): _____ **Date:** _____

Staff/Witness Signature: _____ **Date:** _____

NOTICE OF PRIVACY PRACTICES

Effective Date: _____

This Notice describes how medical and personal information about you may be used and disclosed, and how you can access this information. Please review it carefully.

- 1. Treatment** – To provide, coordinate, and manage your aesthetic care.
- 2. Payment** – To bill and collect payment for services rendered.
- 3. Health Care Operations** – For internal quality assurance and compliance purposes.
- 4. Appointment Reminders** – We may contact you by phone, text, or email.
- 5. As Required by Law** – We may disclose your information when required by law.

Your Rights

You have the right to access your records, request restrictions, request confidential communications, amend inaccurate information, and receive a copy of this notice.

Our Duties

We are required by law to protect your health information, notify you of any breaches, and follow the terms of this notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or the U.S. Department of Health and Human Services. No retaliation will occur for filing a complaint.

Client Acknowledgment: I acknowledge that I have received and reviewed this Notice of Privacy Practices from NextGen Health and Beauty.

Client Signature (Digital): _____ **Date:** _____

Staff Signature (Digital): _____ **Date:** _____