HIPAA Disclosure

I hereby authorize the use or disclosure of my protected health information (PHI) for internal purposes and internal communications between Sonata employees and Sonata medical providers. Information may also be used anonymously for educational purposes with other authorized medical providers and associated staff. This is strictly confidential material and is for the information of only persons who are professionally capable of understanding, appreciating and acting upon it using their specific and advanced professional training in the medical aesthetics field. No responsibility can be accepted by the practitioner if it is made available to any other person or persons who lack such training, or who would not treat it in a professionally responsible manner, or who otherwise should not have access to it, including the patient.

Any and all medical procedures are voluntary and will be performed by Dr. Janowski or his authorized staff. Patient records are kept electronically and paper copies are shredded daily.

Medications and pharmaceutical grade products used for treatment purposes are kept in sterile and secured lab environments at the recommended temperature.

In case of an emergency in our office, Dr. Janowski is the first contact, and he and his staff have been trained in emergency protocol and resuscitation techniques. Local hospitals and 911 can also be contacted, should the need arise.

I understand that this authorization is voluntary. I understand that, if the person or organization authorized to receive my private health information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

I authorize the use of my medical information for the above educational and internal communication practice(s). I understand that this information may be shared electronically. Sonata staff and providers may also communicate with patients electronically, and upon your request, may share medical records with you electronically.

An individually signed photocopy or scanned copy of this release is to be considered as valid as the original.

Patient Name: _____

Signature: _____ Date: _____