



The Plastic Surgery Center

COMMUNICATION RELEASE FORM

I, _____ would like to communicate via e-mail with The Plastic Surgery Center on matters related to my health and/or my medical treatment. I understand that any Confidential Health Information that I send to the practice is not secure and is sent at my own risk. I will not hold the practice, or any of its workforce members, liable for loss of any confidentiality associated with information transmitted via email. I understand that it is not the policy of the practice to encrypt any Confidential Health information I request to be sent to me via e-mail. Because this information is not encrypted, I understand that it is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

I would like to receive cosmetic updates, reminders and special promotions (Botox/Dysport/Juvederm/Voluma/Coolsculpt, SculpSure) via email.

_____ Yes _____ No Email _____

I give permission to be contacted at the following: (check all that may apply)

_____ Cell Phone _____

_____ Home Phone _____

_____ Work Phone _____

Signature

Date