Lincoln Aesthetic Surgical Institute
BryanLGH Physician Network
2222 S 16th Street, Ste 430, Lincoln, NE 68502
402-483-8530 • Fax: 402-483-8531

MESSAGE AUTHORIZATION

Representatives of BryanLGH Physician's Network and Lincoln Aesthetic Surgical Institute are allowed to leave information regarding my status as a patient on my voice mail or answering machine. I realize this information may include pertinent health status and/or financial information.

PLEASE CHECK ON BOX BELOW

❑ **I give permission** to leave information on my voice mail or answer machine

❑ **DO NOT** leave information on my voice mail or answer machine

COMMUNICATION AUTHORIZATION

BryanLGH Physicians Network and Lincoln Aesthetic Surgical Institute may communicate information to the following people regarding my health status as needed:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

❑ **DO NOT** speak to anyone about my health status

Patient or Authorization Signature: _____ Relationship: _____ Date: _____

This authorization expires upon written notice from me. I understand I have a right to revoke this authorization in writing. The authorization may be revoked in writing delivered to Lincoln Aesthetic Surgical Institute.

The information used or disclosed under this authorization may be subjected to re-disclosure by the recipient and no longer protected by federal privacy laws.

NOTICE OF PRIVACY PRACTICES-PATIENT ACKNOWLEDGMENT OF RECEIPT

I, _____ acknowledge that I received a copy of Lincoln Aesthetic Surgical Institute's Notice of Privacy Practices.

Patient/Representative Signature	Relationship	Date

Lincoln Aesthetic Surgical Institute is required by law to maintain the privacy of and provide individuals with this notice of our legal duties and Privacy Practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at the main clinic phone number.

Lincoln Aesthetic Surgical Institute Staff Only

Patient, or patient representative did not sign the acknowledgment for the following reason(s):
Check all that apply

- ❑ Refused
- ❑ Refused, stating that he/she has already signed an acknowledgment
- ❑ Unable to sign because of medical condition
- ❑ There was not a patient representative available to sign
- ❑ Other: (explain) _____

_____

Witness	Date