

John Bull Center for Cosmetic Surgery & Laser Medispa

Authorization for Use or Disclosure of Protected Health Information

I have been provided with a copy of the “Notice of Health Information Privacy Information” that provides information about how the information that I have provided may be used and disclosed and how to get access to this information.

I understand that this authorization is voluntary and that I may refuse to sign this authorization.

I understand that I may revoke this authorization at any time and will notify the healthcare facility in writing of such revocation of this authorization.

I authorize the use or disclosure of my individually identifiable health information to provide treatment, payment, and regular health operations conducted by

William John Bull Jr. MD

John Bull Center for Cosmetic Surgery & Laser Medispa

1307 Macom Drive

Naperville IL 60564

Signature of Patient or Patient’s Representative

Date

Printed Name of Patient’s Representative

Relationship to Patient