



Privacy and Confidentiality Notice for Shahrad Rady Rahban, M.D., A Medical Corporation

We understand that many patients are concerned about the privacy surrounding their decision to have plastic surgery. This notice describes how the personal and medical information you provide may be used. Please review it carefully and sign below. If you have any questions, please do not hesitate to speak with our front office manager or Patient Care Coordinator.

Dr. Rahban and his staff believe your personal and medical information should remain confidential. Your decision to enhance your look is a personal one and it is our pledge that we will safeguard the information you provide to the best of our abilities.

Our efforts to safeguard your personal and medical information include training our staff on the principals and importance of patient confidentiality, keeping patient charts and photographs safe and secure, and transmitting only necessary information to facilities such as the surgery center, anesthesiologist, and in some cases the hospital.

A description of the information typically collected is listed here:

- To ensure the highest quality of medical care, you will be asked to share medical history information such as previous surgeries, allergies to medications and general health status.
- Additionally you will be asked to discuss with Dr. Rahban the reasons for your visit and your plastic surgery goals. Dr. Rahban often records this information in his chart notes.
- Pre and post procedure digital photographs are either sent ahead of your visit (by you) or taken in our office. These assist Dr. Rahban in planning surgery.
- For tracking and invoicing purposes, you will be asked to share personal information such as name, address, phone numbers, e-mail, social security number and credit card number(s). Again, we take the utmost care in handling this information.

Please indicate below all of the methods in which you give our staff permission to contact you in regards to upcoming visits, procedures, before & after photos, etc.:

- Home Phone _____
- Work Phone _____
- Cell Phone _____
- Email address _____

If we call and you are not home/available, may we leave a voicemail?

Check appropriate box: Yes No If yes, at which number(s) _____

If we call and you are not home/available, may we leave a message with a family member?

Check appropriate box: Yes No If yes, with whom _____

May we text message you if necessary?

Check appropriate box: Yes No If yes, at which number(s) _____

I have read and understand the Privacy and Confidentiality Notice and all questions have been answered to my satisfaction. I understand I may have a copy of the Privacy and Confidentiality Notice if I wish.

Signature of Patient

Print Name

Date