

## **JW PLASTIC SURGERY**

### **Authorization for Use or Disclosure of Information for Financing Determination**

I hereby authorize JW Plastic Surgery ("the Company") to use or disclose the following protected health information, including, name, social security number and other information, to a financing company in order for me to apply for financing for health care procedures to be performed by the Company.

This authorization shall be in force and effect until the earlier to occur of: (1) a financing decision has been obtained, or (2) I notify the Company that I revoke my authorization. I understand that, as set forth in the Company's Notice of Privacy Practices, I have the right to revoke this authorization, in writing, at any time by sending written notification to:

**JW Plastic Surgery**

1811 St Johns Ave, Suite 100

Highland Park IL 60035

ATTN: Privacy Officer

I understand that a revocation is not effective to the extent that the Company has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that my authorization is a condition of obtaining financing and that if I do not sign this authorization, then the Company will not be able to obtain a financing decision and may elect not to provide health care services to me.

I understand that I have the right to:

- Inspect or copy my protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights.)
- Refuse to sign this authorization.

*By Clicking the "Agree" checkbox online, I certify that I AGREE*