

TREASURED LOCS AND TIPS

HIPAA NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT & AUTHORIZATION

Treasured Locs and Tips Medical Hair Loss Solutions

Phone: 800-773-8971

Website: Treasured Locs and Tips Medical Hair Loss Solutions

Owner: Nicole Trahan, Certified Cranial Prosthesis Specialist

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Treasured Locs and Tips is committed to protecting the privacy and confidentiality of your personal and medical information. We are required by federal law, including the Health Insurance Portability and Accountability Act (HIPAA), to safeguard your Protected Health Information (PHI).

By signing below, you acknowledge that you have been provided with information regarding how your medical information may be used and disclosed in connection with the services provided by Treasured Locs and Tips.

Protected Health Information may include, but is not limited to:

- Medical diagnoses related to hair loss
 - Physician referrals and prescriptions
 - Insurance information
 - Medical records and supporting documentation
 - Scalp and hair assessments
 - Progress photographs
 - Treatment plans
 - Billing records and payment information
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AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I authorize Treasured Locks and Tips to use and disclose my Protected Health Information for the following purposes:

- Verification of insurance benefits
- Prior authorization requests
- Communication with physicians and healthcare providers
- Submission of claims and supporting documentation
- Coordination of care
- Product recommendations and treatment planning
- Medical wig (cranial prosthesis) fitting and customization
- Billing and payment processing
- Other: _____

I understand that my information will only be shared with individuals or organizations involved in providing healthcare services, insurance reimbursement, or administrative support related to my care.

PHOTOGRAPHY AUTHORIZATION

Photographs are often necessary for:

- Insurance documentation
- Treatment planning
- Progress tracking
- Custom cranial prosthesis design
- Medical record documentation

Please select one:

I authorize Treasured Locs and Tips to take photographs for medical documentation purposes only.

I do NOT authorize photographs.

OPTIONAL MARKETING AND EDUCATIONAL CONSENT

I understand that photographs, testimonials, and success stories may be valuable educational resources for other individuals experiencing hair loss.

Please select one:

I authorize Treasured Locs and Tips to use my photographs and/or testimonials for educational, marketing, website, social media, presentations, and promotional purposes.

I authorize use only if my identity remains anonymous.

I do NOT authorize the use of my photographs or testimonials for marketing purposes.

PATIENT RIGHTS

I understand that I have the right to:

- Review my records
- Request corrections to my records
- Receive a copy of my records
- Request restrictions on disclosures
- Revoke this authorization in writing at any time
- Receive a copy of this signed authorization

I understand that revocation will not affect information already disclosed before the revocation request was received.

CONFIDENTIAL COMMUNICATION PREFERENCES

Preferred Method of Contact:

- Phone
- Text Message
- Email
- Mail

Phone Number: _____

Email Address: _____

AUTHORIZED PERSONS

I authorize Treasured Locs and Tips to discuss my information with the following individual(s):

Name: _____

Relationship: _____

Phone Number: _____

CLIENT CERTIFICATION

I certify that I have read and understand this HIPAA Notice of Privacy Practices Acknowledgement and Authorization Form. I understand my rights regarding the use and disclosure of my Protected Health Information.

Client Name: _____

Client Signature: _____

Date: _____

TREASURED LOCS AND TIPS REPRESENTATIVE

Representative Name: _____

Signature: _____

Date: _____

Office Use Only

Date Received: _____

Client ID: _____

Staff Initials: _____

Authorization Expiration:

One Year From Signature Date

Upon Completion of Services

Other: _____