



**The Galleria Surgery Center  
Henry F. Garazo, MD, FACS  
Plastic Surgery Services  
1140 Conrad Court  
Hagerstown, MD 21740  
P: 301-791-1800 • F: 301-791-9253  
[www.plasticsurgeryservices.net](http://www.plasticsurgeryservices.net)**

Person or persons to whom Plastic Surgery Services may disclose personal health information regarding treatment on your behalf. The order shall remain in the effect until revoked by me.

Name/Relation: \_\_\_\_\_ Telephone: (        ) \_\_\_\_\_

\*Our office will file insurance for all reimbursable services, to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductible, co-pay, and non-covered service amounts.

\*I acknowledge that I have received a copy of the Privacy Notice for Plastic Surgery Services. This refers to the HIPPA Policy which states we cannot give your information out to anyone without your consent.

\*Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Garazo will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

I authorize the release of any medical information necessary to process my claim.

Signed:

\_\_\_\_\_  
(Patient or Responsible Party)

Date: \_\_\_\_\_

Updated: 7/26/13