

ANDOVER/NASHUA PLASTIC SURGERY

I consent to the use or disclosure of my protected health information by or to George P. Chatson, M.D. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of George P. Chatson, M.D.

I acknowledge having received a copy of the practice's Notice of Privacy Practices.

Signature

Date

Please print name