**Patient Consent to Use of Credit Cards, Debit Cards &Financing**

**Disclosure Protected Health Information**

It may become necessary to release your protected health information to financial parties, credit card entities, banks and financial companies when requested to facilitate your payment. Services that are performed and are paid with credit card, debit card, or financing third party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow Hallmark Plastic Surgery to use and disclose my protected health information to any credit card entity, back, or financing company when they request such information to process an account and assist with payment.

I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise. I agree that this noncredit card challenge is irrevocable.

**Signature of Patient or Legal Guardian**  **Date**

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**Witness**  **Date**