Comprehensive Foot Centers, P.A.

Release of Information

**Patient Name:** _____ **Birthdate:** _____

Due to patient confidentiality concerns, Comprehensive Foot Centers, P.A. would like to know to whom we have permission to release information regarding your appointments, care, bills, and test results. **This release is for anyone outside of yourself, your insurance company, your primary care physician, and any other doctors involved with your care.** This consent is valid for one calendar year.

**I give permission for Comprehensive Foot Centers, P.A. to release my information to:**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

**If you do not wish to have your information release to anyone other than yourself, mark an "X" here:** _____

Please indicate below if you allow permission for Comprehensive Foot Centers, P.A. to leave voice messages on your home answering machine or personal cell phone voicemail box as long as we are sure that it is the correct number. This would include appointment reminder calls. If we cannot reach you by phone, or if you circle "No" below, then test results and other correspondence may be mailed to you.

**Yes** or **No**

Please indicate below if you allow permission for Comprehensive Foot Centers, P.A. to leave voice messages on your work answering machine or work voicemail box as long as we are sure that it is the correct number.

**Yes** or **No**

**Signature of Patient/Guardian:** _____ **Date:** _____

Thank you for choosing us for your foot and ankle needs!

COMPREHENSIVE
FOOT CENTERS, P.A.