



Authorization to release information to Family Members

Many of our patients allow family members such as their spouse, parents, or others to call and request medical or billing information. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information discussed with family members you must sign this form.

By signing this form you only give your consent to discuss your medical and billing information with the family members indicated below.

1. _____ Relation to Patient: _____
2. _____ Relation to Patient: _____
3. _____ Relation to Patient: _____

Patient Name: _____

Patient Signature: _____

Authorization to leave messages with Household members / Cell Phone / Answering machine:

Occasionally it is necessary for the staff of University foot and Ankle Institute to leave messages for patients. The purpose of these messages might be to remind patients of their upcoming appointments or leave messages to return our calls to discuss test results. At no time will a representative of University Foot & Ankle Institute discuss your medical condition without your consent.

By signing this form you only give your consent to leave messages with members of your household or on your personal cell phone or on your answering machine. You have the right to revoke this consent in writing at any time.

Patient Name: _____

Patient Signature: _____