

Newswander Curtis Foot & Ankle Request for Release of Confidential Information

Patient Name _____ Birth Date _____

Social Security Number _____

I hereby authorize Bradley L Newswander, DPM, PLC to release confidential health care information to the following agency or individual.

Name _____

Address _____

Phone Number (____) _____

The following confidential health information may be released:

This authorization will be effective as of the date signed and will be valid unless revoked in writing. I understand that revocation of this authorization will not affect any action Bradley L Newswander, DPM, PLC took in reliance on this authorization before it received my written notice of revocation. It is possible for the protected health information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer protected by federal health information privacy laws. This authorization includes information placed in my records after the signature date.

Signature of Patient

Printed Name of Patient

Date

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date