Breanna J. Ferguson, DPM, AACFAS
870 S. Duncan Drive, Tavares, FL 32778 · P: (352) 432-8434 · F: (352) 609-8080

Patient Authorization for Use and Disclosure of Protected Health Information

Patient Name: ____

By signing, I authorize ***Mid Lake Foot and Ankle*** to use and/or disclose certain protected health information (PHI) about me to the following organization and/or individuals (i.e., Primary Care Physicians, Specialists, Hospitals, Family Members, Friends, etc.):

Name:	**Phone Number:**	**Relationship to Patient:**
______________________	______________________	______________________
______________________	______________________	______________________
______________________	______________________	______________________
______________________	______________________	______________________

☐ *Yes, you may leave a message on my answering machine or cell phone confirming appointments and other information.*

☐ *No, you may* ***NOT*** *leave a message on my answering machine or cell phone confirming appointments and other information.*

I, ____________________________________, have had full opportunity to read and consider the contents of this authorization and I confirm that the contents are consistent with my direction to you. I acknowledge that I am aware of ***Mid Lake Foot and Ankle Privacy Practices*** and have had full opportunity to read and consider the contents of the practices. I understand when my information is used or disclosed pursuant to this authorization; it may be subject to redisclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the privacy officer.

____ ____________________

Patient/Guardian Signature Date

____

Patient Printed Name

____ ____________________

Legal Guardian Printed Name (If Applicable) Relationship to Patient

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT