



HIPAA RELEASE FORM MUST COMPLETE ENTIRE FORM

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Your Name (Guardian if under 18 years of age) Best Contact Phone Number Alternate Phone

CHOOSE ONE

- I give permission to the physicians and their staff at Foot and Ankle Specialists of Tennessee to leave messages at the contact phone number(s) listed above any information regarding results, diagnoses, and appointment information, if I am unavailable.
I DO NOT wish for messages to be left on my phone, MAY ONLY SPEAK TO ME

Privacy regulations require us to have a release signed by our patients, so we may speak with family members, friends and other relations regarding your health information. Each person you wish to be considered a contact must be listed individually by name (including both parents, spouse or significant other).

ALTERNATE CONTACTS

Table with 3 columns: Name, Relation, Phone Number. Three rows for alternate contacts.

SIGNATURES

\_\_\_\_\_  
Patient Signature (Guardian Signature if patient is under 18 years of age) Date

\_\_\_\_\_  
Employee/Witness Signature Date