



PATIENT COMMUNICATION FORM

A. Family and Friends. It is the office policy of Foot & Ankle Institute/South Main Surgery Center not to release confidential medical information regarding your treatment to family members or friends, except for (i) parent/legal guardian, (ii) other persons authorized by the patient, (iii) as we may reasonably infer from the circumstances (for example, if you bring a family member or friend into the exam room, we will assume, unless you object, that that person is entitled to received information regarding your treatment), (iv) in emergency situations, or (v) other as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you, anticipate that you will need or want your medical information to be provided to family members, friends, or caretakers/babysitters, please indicate that below, so that we may best serve you. If you do not want any of your medical information provided to a family member, please check the line to the "no" response. By signing below, you authorize the following people to receive information regarding your treatment or care. (If you wish to add names later on, please confirm this in writing, or call our staff.)

Spouse: _____ yes ___ no ___ Ph# _____
Parent: _____ yes ___ no ___ Ph# _____
Other: _____ yes ___ no ___ Ph# _____
_____ yes ___ no ___ Ph# _____
_____ yes ___ no ___ Ph# _____

B. Alternative Communications. You are also entitled to specify alternative, reasonable means of communication, if you wish to be contacted by us in a certain way.

I hereby request the following means of contact only:

PRINTED NAME _____

Patient/Parent/Legal Guardian Signature: _____

Date: _____ (authorization good for 1 year from date of signed authorization)

** Patient is responsible for any changes and or updates to this form. Notify office immediately for changes to take place to your "authorized to discuss account" record. **

FOR OFFICE USE - Changes to above authorized by patient over phone

Change Date Staff Initials _____ date: _____