

Park Plaza Foot Specialist
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ACCT # _____

Authorization To Release Information

The US Department of Health and Human Services has set a deadline of October 16, 2002 for all healthcare facilities to be in compliance with HIPA (Health Insurance Portability and Accountability Act). HIPA requires the Department of Health and Human Services to establish national standards for electronic healthcare transactions and national identifiers for providers, health plans and employers. It also addresses the security and privacy of health data.

Please read the following carefully, initial each and sign below:

I, _____, give Dr. Sherman Nagler/ Dr. Bryan Lee permission to release in the following manner:

_____ (initial) I give Dr. Sherman Nagler/ Dr. Bryan Lee permission to mail my clinic notes, labwork, radiology reports to my home address, post office box or assigned address.

_____ (initial) I give Dr. Sherman Nagler's/ Dr. Bryan Lee's referral clerk permission to leave requested referral information on my home answering machine, cell phone or personal work voice mail(i.e., name of physician, telephone number and any pertinent information regarding my referral)

_____ (initial) I give Dr. Sherman Nagler/ Dr. Bryan Lee permission to leave any personal, pertinent medical information on my home answering machine or recorder.

_____ (initial) I give Dr. Sherman Nagler/ Dr. Bryan Lee permission to request any and all medical records from my entities I have previously seen or treated by.

_____ (initial) I give Dr. Sherman Nagler/ Dr. Bryan Lee permission to send any and all of my medical records to ancillary services or physicians that I am referred to during the course of my treatment in order to provide continuity of care.

This authorization will be in force until I revoke it in writing.

Patient Signature

Date

Witness

Date

Dr. Sherman Nagler / Dr Bryan Lee