

NAGLER FOOT CENTER
DR.SHERMAN NAGLER, D.P.M
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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 Dept. 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, permission to release in the following manner:

____ (initial) I give Dr. Sherman Nagler, permission to mail my clinic notes, lab work, radiology reports to my home address, post office box or assigned address.

____ (initial) I give Dr. Sherman Nagler, office staff 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, permission to leave personal, pertinent medical information on my home answering machine, cell phone or personal work voice mail.

____ (initial) I give Dr. Sherman Nagler, permission to request ANY and ALL medical records from my entities I have previously seen or treated by.

____ (initial) I give Dr. Sherman Nagler, permission to send any and all of 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 enforced until revoked in writing.

Patient Signature

Date

Witness

Date