LOUETTA FOOT & ANKLE HOUSTON
1200 BINZ, SUITE 1275B
HOUSTON, TX. 77004
PH (713)893-5620 FAX (713)529-6454

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 Louetta Foot & Ankle, permission to release in the following manner:

____ (initial) I give Louetta Foot & Ankle permission to mail my clinic notes, lab work, radiology reports to my home address, post office box or assigned address.

____ (initial) I give the Louetta Foot & Ankle 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 Louetta Foot & Ankle, permission to leave personal, pertinent medical information on my home answering machine, cell phone or personal work voice mail.

____ (initial) I give Louetta Foot & Ankle, permission to request ANY and ALL medical records from my entities I have previously seen or treated by.

____ (initial) I give Louetta Foot & Ankle, 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