adler podiatry clinic

3636 University Blvd. S Bldg. C Jacksonville, Fl 32216

Consent for Medical Information Release

There are times we are asked to give family members or others information on test results, especially if you will not be available to receive them. If you would like for us to release any information to family members or friends, please fill in their name and relationship to you. **Please designate which type of information each person may receive** by circling the items we may release, then sign on the designated line below. Make your own notes for clarification if necessary.

All Information: Any and all information we have in our file related to you, which may include billing information, appointments, diagnosis, test results, etc.

Appointment Only: Only information related to appointment dates and times.

Test/Lab Results: Only information related to the results of any tests or labs Completed by our office.

Billing Inquiries: Only information related to the billing of claims, payments, and/or balances on your account with our office.

Relationship	**Full name of person allowed to Receive information**	**Type of information to be released**
Husband		☐ Complete Medical Record
Wife		
Mother		☐ Release of the following:
Father		☐ Medical Records
Responsible Party		☐ Lab Results
		☐ Financial Records

☐ **I do NOT authorize release of any medical/financial information.**

☐ **I AUTHORIZE release of the above requested information.**

Print Patient Name Patient Signature Date