



Alaska Foot & Ankle Specialists

ALASKA FOOT & ANKLE SPECIALISTS
4100 LAKE OTIS PKWY STE 312
ANCHORAGE, AK 99508

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION

I authorize Alaska Foot & Ankle Specialists to disclose Protected Health Information (PHI) about me to: (if we may speak to other individual(s), please list the name(s) below)

This authorization permits Alaska Foot & Ankle Specialists to use and/or disclose the following individually identifiable health information about me (specifically describe the information to be used or disclosed, such as date(s) of service, account information or if all information may be given.

This authorization will expire on _____. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted in writing.

On occasion, your scheduled appointment may be switched to another doctor in our office without advance notice. This would only occur due to emergency situations or surgical conflicts.

Alaska Foot & Ankle Specialists may leave a message at the following number(s):

Type of message: ___ detailed ___ general

Signed by: _____
Signature of Patient or Legal Guardian

Relationship to Patient

Patient's name

Date

Print Name of Patient or Legal Guardian