

Alaska Foot & Ankle Specialists 4100 lake otis pkwy ste 312 Anchorage, ak 99508

Patient Authorization for Use and Disclosure of Protected Health Information

		oot & Ankle Specialists to discle ay speak to other individual(s),	ose Protected Health Information (PHI) , 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.				
			vitched to another doctor in our office to emergency situations or surgical	
Alaska Foo Type of me		Specialists may leave a messag detailed general	ge at the following number(s):	
Signed by:	Signatu	re of Patient or Legal Guardian	Relationship to Patient	
		Patient's name	Date	
	Print Nan	ne of Patient or Legal Guardian		