

ADVANCED FOOT & ANKLE CLINIC

Owatonna

803 E School Street
Owatonna, MN 55060
Phone: (507) 451-5950

Faribault

1225 Highway 60 W
Faribault, MN 55021
Phone: (507) 334-1951

Waseca

501 North State Street
Waseca, MN 56093
Phone: (507) 835-1210

I, _____ /_____/_____
Last Name First Name Initial Maiden Name Date of Birth

hereby authorize _____ to furnish information from my medical records

to: Advanced Foot & Clinic (803 E. School Street, Owatonna MN 55060).

The information to be released is:

_____ All/any medical information in my medical record

_____ Selected medical information about _____

_____ Premium information _____ Appeal information

_____ X-rays/radiographs – Copies

The reason for the release is:

_____ Transfer of medical care

_____ Insurance

_____ Legal

_____ Personal Use – Charge applies for copies of records

_____ Other, (specify) _____

I understand that I may revoke this consent at any time, except to the extent it has been acted upon and that upon fulfillment of the above state purpose, for one (1) year from this date (whichever occurs first). This consent will automatically expire without my expressed revocation. I do not authorize re-release of chemical dependency related information by the party receiving it.

I also understand that I am responsible for any charges associated with transfer of this information.

_____/_____/_____
Patient or Parent/Guardian Date

Relationship to patient Witness