

5625 Eiger Road, Suite 110  
Austin, TX 78735  
(512) 447-4122 (p)  
(512) 614-4139 (f)  
www.southwestaustinfoot.com



170 Benney Lane, Suite 100  
Dripping Springs, TX 78620  
(512) 894-5100 (p)  
(512) 614-4139 (f)  
@swaustinfoot

### RELEASE OF PROTECTED HEALTH INFORMATION (OPTIONAL)

I authorize Southwest Austin Foot & Ankle Clinic to release my protected health information to the following person(s)/entity:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I authorize Southwest Austin Foot & Ankle Clinic to release information related to:

Diagnosis, Lab Work, and/or Procedures

Billing Information

Does the patient have a designated Medical Power of Attorney?  Yes  No

If so, please provide a copy of the MPOA for our office to keep on file.

*I understand that this authorization is voluntary. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and that the information may not be protected by federal confidentiality rules. This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. I understand that to revoke this consent, I must provide **written notice** to Southwest Austin Foot & Ankle Clinic.*

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date of Birth