MADISON FOOT & ANKLE CARE, P.A.

Eric E. Barton, D.P.M.
25 Madison Professional Park
Rexburg, Idaho 83440
Telephone: (208) 359-1400

Acknowledgement of Receipt of Notice of Privacy Practices
~ and ~
# Authorization to Release Health Care Information

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the notice. The Notice of Privacy Practices contains a more complete description of the uses and disclosures of my personal health information.

Madison Foot & Ankle Care is authorized to release and/or request any medical or incidental information that may be necessary for either medical treatment or billing purposes. ***Please note: Madison Foot & Ankle Care requires a minimum of one full business day advance notice for medical record and diagnostic imaging record requests.***

The following family members or individuals are authorized to receive my personal health information from this office:

Name:	Relationship to Patient:
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office at the provided address.
- Information used or disclosed pursuant to authorization may be subject to redisclosure by the recipient and no longer protected by HIPAA.

This release expires (indicate expiration date or "none") ____________________. It may be revoked at any time upon written notice.

Print Patient's Name: ______________________ Patient's Signature: ______________________

Date: ______________________

Print Representative's Name: ______________________ Representative's Signature: ______________________

Representative's relationship to patient: ______________________

8/8/2014