

COMMUNICATION CONSENT

Allentown Family Foot Care Prof Corp
2414 Walbert Ave., Allentown, PA 18104
610-434-7000

It is the office policy of Allentown Family Foot Care and staff not to release confidential and/or authorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. Whenever returning telephone calls, information will not be left with an unauthorized person who may answer the telephone.

I authorize Allentown Family Foot Care and/or their staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

Home telephone: Number: _____ Yes___ No___
Answering Machine Yes___ No___
Work telephone: Number: _____ Yes___ No___
Voice Mail at work Yes___ No___
Cell Phone: Number: _____ Yes___ No___
Pager: Number: _____ Yes___ No___
Email: address: _____ Yes___ No___
Fax medical records for referrals to another entity:
_____ Yes___ No___

If you would like to have information released to someone other than yourself, please complete the following:

Please list names of authorized people:

Spouse: _____ Yes___ No___
Employer: _____ Yes___ No___
Disability Insurance: _____ Yes___ No___
Other names or people (list relationship to you) Yes___ No___

Printed Name: _____

Patient/Guardian Signature: _____

Date: _____



COMBINED ACKNOWLEDGEMENT AND CONSENT
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND
CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Allentown Family Foot Care to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices. Allentown Family Foot Care has a Notice of Privacy Practices which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer

Mail: Allentown Family Foot Care Prof Corp
2414 Walbert Avenue Allentown, PA 18104
Attn: Privacy Officer
Telephone: 610-434-7000 Fax: 610-434-7029

Acknowledgement and Consent

Print or type all information except signature.

I have reviewed the Notice of Privacy Practices for Allentown Family Foot Care Prof Corp and authorize them to use and disclose health information about _____ (patient name) for treatment, payment and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of patient (or patient's personal rep) Date

Personal representative information (if applicable)

Name of personal representative

Relationship to patient